

State of Delaware



**2024 ANNUAL PROGRESS AND SERVICES REPORT
CHILD AND FAMILY SERVICES PLAN**

JUNE 30, 2023

**DELAWARE DEPARTMENT OF SERVICES FOR
CHILDREN, YOUTH AND THEIR FAMILIES**

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WILMINGTON, DE 19805**

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I. Introduction and Collaboration

The Delaware Child Welfare System is a small community of very strong and dedicated partners. In addition to the work done in preparation for the Round 4 Child and Family Services Review (CFSR), the 2024 Annual Progress and Services Report (APSR) development was shared with over 20 agencies and community partners of the child welfare system. Internal and external partners contribute to this report by supplying, collecting, and/or evaluating data; by participating in working groups or by being a writer of the final narrative. Delaware's federal grantees including Community-Based Child Abuse Prevention (CBCAP), Court Improvement Program (CIP), the Children's Justice Act (CJA) and others assisted in improvements to the system across the past year that are reflected throughout this report.

The Department of Services for Children Youth and Their Families (DSCYF) consists of the child welfare agency, Division of Families Services (DFS), the juvenile justice agency, Division of Youth Rehabilitative Services (DYRS), the child behavioral health agency, Division of Prevention and Behavioral Health Services (DPBH) and the Division of Management Support Services (DMSS). Our Mission, which is supported by our many partners, is to engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment, and rehabilitative services. Our Vision is to have safe and healthy children, resilient families, and strong communities.

We strive to support this mission and vision by staying true to our core values of safety, compassion, respect, and collaboration. We do this with our close partnerships with the Court and Judicial community, our community-based service providers, education systems, law enforcement and other state support agencies. The Division participates on several community groups such as Court Improvement Program (CIP) steering committee and subcommittees, Office of the Child Advocate (OCA), Child Protection and Accountability Commission (CPAC) committee and subcommittees, the Delaware Anti-Trafficking Action Committee (DATAC), Interagency Committee on Adoption (IACOA), Multisystem Healthy Action Committee (MSHAC) as well as holds meetings with community partners and contractors to share system updates and get stakeholder feedback that is reflected throughout this report. The Division hosts semi-annual stakeholder meetings to provide an opportunity for stakeholders to get updates and ask questions about current practices as well as provide insight to areas of need for the child welfare community. This feedback is then evaluated and incorporated into practice by the Continuous Quality Improvement (CQI) and Program Teams to be included into the state planning.

This is the fourth APSR submission for the 2020-2024 Child and Family Services Plan (CFSP). Delaware's 2024 APSR is strongly supported by the work completed during the Statewide Assessment phase of the Round 4 CFSR as Delaware is one of the year 1 states. The Statewide Assessment development was conducted in the Fall of 2022 with the Statewide Assessment submitted on February 3, 2023. The stakeholder interviews were conducted during the first week of May 2023 and Delaware is currently conducting the case reviews as part of the State Led CFSR. Much of the data and analysis of the systemic factors and services are drawn from the work done as part of the CFSR. Delaware developed subcommittees of stakeholders and agency staff to address the 3 outcomes and 7 system factors of the CFSR. These groups helped to draft the Statewide Assessment, develop stakeholder interviews and will be helping with the development of the Performance Improvement Plan (PIP) at the end of 2023, as well as the 2025-2029 CFSP. Delaware's Continuous Quality Improvement (CQI) system does a lot of work in improving and meeting the requirements of the CFSR and contributing to the APSR. These groups have a variety of stakeholders attending regular meetings to contribute, influence and execute state and system wide changes in a timely fashion.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Reviews are accessible at this web address: <https://kids.delaware.gov/fs/cfsreview-plan.shtml> Annual Reports are posted upon Administration for Children and Families' approval. The State contact is Kimberly Warren, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302-633-2665; Kimberly.warren@delaware.gov.

The Delaware Child Welfare system is also aligned with the Children's Bureau's four priority goals as areas that will improve the lives of our citizens and strengthen our system.

Prevent Children from Coming into Foster Care

Delaware has an established a Team Decision Making (TDM) model to evaluate any situation where there is a consideration of removing a child from their families. The TDM process involves holding a meeting with the family and relevant supports to discuss the families' situation and the concern that puts the child at risk. The Division has been able to plan with families to prevent between 60-75% of children from entering foster care. Delaware is also joining with our CBCAP partners to develop an additional prevention option for families that are struggling, and their situations may be getting close to making them at risk of needing abuse/neglect intervention to try to meet their needs and preventing deeper end services that may lead to foster care. Delaware has also submitted our FFPSA Prevention Plan which is currently under review and outlines how Delaware will provide additional services to help prevent foster care entry.

Support Kinship Caregivers

Delaware believes that placing children with relatives and kin is best for their wellbeing and long-term permanency. The state is committed to exploring family and kin as placement resources and meeting the caregiver's needs. DFS has developed a small but strong Kinship Navigator program with the help of our contractor and community partners, that supports formal and some informal kinship caregivers. DFS has also had worker-approved relative and non-relative kin providers for many years as a placement option for children in DFS custody. The support for kinship caregivers is still not as robust as we would like due to limited resources, but Delaware's foster care system does offer individualized training, provider management and a daily stipend to support kinship, as well as referrals to the Kinship Navigator program. Delaware is in a good position to move forward with the current recommendation for having a specialized standard for kinship foster care licensing which would greatly support our kinship caregiver population.

Ensure Youth Leave Care with Strengthened Relationships, Holistic Supports, and Opportunities

Delaware is committed to supporting our young adults who have experienced foster care with a multi-approach independent living program that offers case management, housing, educational scholarships, and financial support to young people that is extremely individualized to meet the specific needs of each youth. Prior to leaving care, if DFS has not been able to secure sustainable permanency for a young person by way of reunification, adoption or guardianship, the Division can provide a Permanency Round Table discussion to try to explore relational permanency to help young people as they transition to adulthood. A STEPS meeting (Stairway To Encourage Personal Success) is held when a youth turns 17 years old to help them outline their plans for education, housing, employment and other areas needed for successful transition to adulthood. These meetings include the youth's support people and identifies steps needed prior or in preparation for their 18th birthday. A follow up exit meeting is held just prior to leaving care to review the plan and make needed adjustments. In 2022, Delaware passed House Bill 271 that expanded independent living services to age 23. Also, in late 2021, House Bill 123 passed which allows youth exiting foster care to attend college at one of three educational institutions within the state and affords student with year-round housing and food support at no additional cost. A dedicated effort by Delaware to address the ongoing issue with securing a driver's license for youth in foster care had significant movement forward with Senate Substitute 1 for Senate Bill 151 signed in 2022 that strengthen supports and launched the Office of the Child Advocate's (OCA) Driver's License and Insurance Program (DLI) in spring 2023.

Invest in the Child Welfare Workforce

Delaware is no different than across the nation with our struggles to retain a high-quality workforce. Turnover and the challenges with recruiting new staff have presented significant challenges for the division to meet the demands of the child welfare work. The Department, with the support the Governor's office and the Department of Human Resources, has been able to provide hiring bonuses and increase in starting salary for new employees along with salary enhancements for current employees to encourage retention. DFS has a strong new worker training program that is frequently being evaluated and adjusted to try to give all new staff the tools to do the work required. Ongoing training is available in a variety of subjects and

platforms to give staff opportunities to strengthen worker knowledge and skill base while accommodating their schedules. Efforts are currently underway to re-bid contracts in a variety of services to help share the workload of supporting families as we invest in supporting the child welfare workforce.

Collaboration and Stakeholder Engagement

Delaware engages stakeholders with the CQI committees, program and operational workgroups, provider meetings, Child Welfare stakeholder meetings and this year, with the CFSR subcommittees. The stakeholder relationship is strong because of our close partnerships. With that said, there will always be opportunities for improved stakeholder engagement with our child welfare partners and DFS has made engagement a priority. That engagement is clearly seen as the development of the APSR was done using several writing leads from our community partners. They worked closely with groups that included DFS and other partners to gain information and recommendations that led to the creation of this document.

Engaging with families, children, youth, tribes and other system partners:

The Division is committed to engaging families and children in the development, implementation, progress and reporting of the Delaware Child and Family Service Plan (CFSP) and APSR. DFS has struggled to get parent participation in providing feedback on their experience with the system. Since 2021, DFS has used a supplementary questionnaire to go with the case review interviews to get more detailed feedback from families about the system and recommendations for improvements. This questionnaire is used with parents, youth and caregivers that are part of the case review interviews and results were used in our Statewide Assessment for Round 4 CFSR and continues to be used by the agency to inform practice. DFS recognizes that the questionnaire is only a subset of the population serviced and is exploring options to better engage families, including a developing incentive program. Delaware utilizes the youth advisory council, HOPE (Helping Our Peers Evolve), throughout the year for feedback and conducted a standalone meeting for a CFSR Stakeholder Interview. Delaware does not have any federally recognized Indian tribes but has two state recognized tribes- the Nanticoke Indian Association and the Lenape Indian Tribe. Chief Carmine of the Nanticoke Indian Association is routinely invited and has participated in stakeholder meetings and provided input. The state agency has limited interaction with the local state tribes and a low population of Indian children involved with the state child welfare agency. Delaware actively engages our community partners by including them in CQI groups, provider meetings with program managers, stakeholder calls and meetings and as needed trainings and staffing meetings. Whenever possible, the Division asks members of the community that either have lived experience or represent the voice of lived experience to join groups. With federal encouragement, the state is moving toward making it standard practice to be asking at every opportunity if lived experience is part of the discussion.

Historically, Delaware has tracked and compared racial and ethnicity data in all areas of the system and have been able to make adjustments as necessary. With the federal guidance asking states to engage families that represent the diversity of the community with a focus of the underserved, the system has been intentional in reviewing the types and variety of people that participate in surveys, focus groups and in the CQI groups to make sure that there is cross representation from different types, point of views and those with lived experience. During the CFSR process in 2022 the groups were encouraged to look at membership and consider getting more diversity on the groups. During the development of the APSR, contributors were given the information to examine how the child welfare community ensures that participants and feedback represents racial diversity. Poverty has been examined over the years in Delaware as a strong contributor to families getting involved in the child welfare system and efforts have been made to try to address this with preventative services. During the CFSR Statewide Assessment and Stakeholder Interviews, it was discovered that there is a large population of non-English speaking families that do not have sufficient supports in their language.

Collaboration with the state courts and members of the legal and judicial communities:

The Division works closely with the CIP Coordinator to encourage robust participation on all of the DFS CQI groups and division working groups. Division and Department staff participate on all CIP groups and many members of leadership work directly with our CIP coordinator. To support the partnership with the

legal and judicial communities, DFS and CIP hold Judge roundtable discussions which allow frontline staff and supervisors to hear from the judges and to share feedback directly. These discussions have been helpful to increase cooperation and understanding of perspectives and requirements/obligations. Leadership also meets with Judges quarterly to discuss agency missions and address trends and concerns. The DFS program team has conducted many training sessions with the judicial community around child welfare practices. Data is frequently shared and reviewed by both the CIP data committee and the DFS CQI data committee in an effort to provide comparisons, to identify gaps and make recommendations for improvement. These findings are then shared with the larger DFS and judicial community as well as both sets of leadership.

How are families, children, youth, tribes, courts and other partners involved in the assessment of agency strengths and needs, review and modifying the goals and objectives and monitoring the CFSP:

The Division utilizes a strong CQI system to engage a variety of stakeholders in child welfare system improvements. There are general and specific recommendations that are assigned to leadership or a program area to address or develop strategies of improvement, which are then incorporated into the APSR and the CFSP. When needed, focus groups or surveys are utilized to gather more feedback from different groups to inform the plan. In preparation of the CFSR and specifically the development of the Statewide Assessment, the Division developed subcommittees to review data around different areas of the system including items on the CFSP. These subcommittees had caregivers, youth and other partners. The Division also conducted a survey that was issued to staff, department partners, community partners, legal community, caregivers and youth to solicit even more feedback. The kinship community has joined the CQI Intact family group to help get kin caregiver’s and children’s voices included. DFS contractors are invited to participate in regular provider meetings with their DFS program leads to discuss the goals of the division and assess the needs of the families and children that receive services. This feedback is then incorporated into workgroups, policy and practice updates and training plans. All feedback is shared with the program team to inform policy and practice improvements and for consideration and incorporation into the CFSP and the APSR.

DFS hosted a stakeholder meeting on September 20, 2022. (See attachment: DFS Stakeholder Meeting 9-20-22). At this meeting, Delaware presented our recent context data and statistics, reviewed recent developments in each of the program areas, analyzed case review performance, identified our strengths and areas that needed improvement, shared information about the agency’s growing Continuous Quality Improvement activities and impact on practice, and provided action or response to all stakeholder feedback from the prior stakeholder meeting. The information was well received, and participants had opportunity to provide comments and feedback to the CFSP and information shared. One hundred sixty-four (164) individuals from 26 different agencies attended this meeting including representatives from Administration for Children and Families, Family Court, Office of the Child Advocate, foster parents, various contract providers, medical professionals, and DSCYF front line staff and administration.

II. Assessment of Current Performance in Improving Outcomes

Delaware Statistics and Contextual Data

Delaware’s child welfare strategic assessment and planning is best understood within the context of the population served.

Delaware Statistics		
	SFY2022	SFY2021
Reports of abuse, neglect and dependency received	23,599	20,543
Reports accepted as screened in for investigation	8,611 (36% of reports)	7,430 (36% of reports)
Substantiated Investigations	742 (9% of accepted)	786 (11% of accepted)
Families and children received treatment services	1,666	1,824
Average Monthly FC placement	505	483
Initial entry into care	363	215
Exits from care	305	303
At least 1 day in care	812	780

Number of children in out of home care on 9/30	501	502
Number of children DFS holds parental rights	60	110
Percentage adopted within 24 months of entry	39%	50%

Reports of abuse, neglect, and dependency increased by 13%. The percentage of overall screened-in for an assessment or investigation remained steady at 36%. The overall number and percentage of substantiations decreased from 786 or 11% in FY2021 to 742 or 9% in FY2022. There was a decrease of 9% of families and children who received treatment services this past year compared to FY2021. The average monthly placement (out-of-home care) population in FY2022 was 505, an increase of 12% from the FY2021 average of 483. Three hundred sixty-three (363) children entered initial DFS placement, and 305 children exited placement in FY2022. There were 812 children who spent at least one day in foster care during FY2022. This was a 4% increase from the 780 children who spent at least one day in foster care during FY2021. At the end of the fiscal year, there were 501 children in DFS out-of-home care, a decrease of 1% from 502 children in care at the end of FY2021. In FY2022, 59 children for whom the Division held parental rights were adopted and 39% of these adoptions were within 24 months of entry into care. The Criminal History Unit completed 7,741 criminal history record checks and 69,514 Child Protection Registry checks, resulting in the disclosure of 2,812 arrest reports. The unit also requested approximately 864 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006 during FY2022.

As of March 31, 2022, investigation caseload average for fully functioning caseworkers was 19.3, treatment average caseload for fully functioning caseworkers was 17.0, and the permanency caseload average for fully functioning caseworkers was 20.7.

During the pandemic, Delaware tracked data to assess the impact of the COVID-19 pandemic. The below chart compares data from January 2019 through December 2022 for hotline reports received per month, cases opened for investigation per month and concluded investigations resulting in a substantiation of abuse, neglect, or dependency. There is a clear decline in the number of reports received during the height of the pandemic with a higher differentiation seen during the school year. A clear upswing is seen since restrictions have been lifted and schools are back to full attendance.

DFS Monthly Tracking												
	Calls-Report Date, Cases Opened- Case Open Date, Substantiations- Case Closed Date											
2019	1/19	2/19	3/19	4/19	5/19	6/19	7/19	8/19	9/19	10/19	11/19	12/19
Calls (Reports)	1,879	1,759	2,046	1,952	2,142	1,734	1,654	1,740	2,131	2,299	1,849	1,820
Cases Opened	617	506	597	579	568	462	446	486	560	623	466	519
Substantiations	75	67	71	66	71	63	88	67	75	89	56	77
2020	1/20	2/20	3/20	4/20	5/20	6/20	7/20	8/20	9/20	10/20	11/20	12/20
Calls (Reports)	2,213	2,092	1,766	1,189	1,379	1,449	1,506	1,405	1,631	1,818	1,544	1,538
Cases Opened	568	545	448	285	363	363	412	363	397	504	325	406
Substantiations	53	65	73	81	64	74	87	65	52	80	51	64
2021	1/21	2/21	3/21	4/21	5/21	6/21	7/21	8/21	9/21	10/21	11/21	12/21
Calls (Reports)	1,675	1,672	2,016	1,958	1,907	1,869	1,710	1,630	2,070	2,320	2,010	1,986
Cases Opened	394	399	498	521	513	535	509	469	606	631	559	530
Substantiations	55	79	75	56	56	66	65	65	71	63	62	57
2022	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22	9/22	10/22	11/22	12/22
Calls (Reports)	1,826	2,119	2,359	1914	2108	1649	1632	1675	2022	2173	1987	1972
Cases Opened	489	548	637	482	630	470	453	472	581	552	462	413
Substantiations	41	82	63	59	54	59	54	54	74	54	30	44

Review of National Standards and Federal Requirements

National standards (CFSR Round 4) use Risk Standardized Performance (RSP) scoring and 95% confidence intervals for 7 safety, permanency, and well-being measures. State scores fall within three interval categories: 1) better than, 2) no different than, and 3) worse than national performance. The below chart shows Delaware’s scores per measure as of the February 2023 CFSR 4 Data Profile report. Data sources are submissions of Adoption and Foster Care Analysis and Reporting System (AFCARS), and National Child Abuse and Neglect Data System (NCANDS) files through December 2022.

CFSR Round 4 Measure and Data Standard	RSP Interval and Data Period	Performance Category
Permanency in 12 months (entries) – 35.2%	47.3% (40.8%-54%) 3-1-20 to 9-30-22	Better than
Permanency in 12 months (12-23 mos) – 43.8%	44.2% (35.3%-53.6%) 10-1-21 to 9-30-22	No different than
Permanency in 12 months (24+ mos) – 37.3%	30.1% (22.8%-38.9%) 10-1-21 to 9-30-22	No different than
Re-entry to foster care – 5.6%	4.4% (2.6%-7.4%) 10-1-21 to 9-30-22	No different than
Placement stability (moves/1,000 days in care) - 4.48%	4.03 (3.55-4.57) 10-1-21 to 9-30-22	No different than
Maltreatment in care (victimizations /100,000 days in care) - 9.07%	7.22 (4.19-12.46) FY20-21	No different than
Recurrence of maltreatment - 9.7%	3.0% (2.1%-4.3%) FY20-21	Better than

Delaware is currently in the Round 4 Child and Family Services Review (CFSR) with two of three parts completed. Delaware completed Round 3 CFSR in 2015 with the Program Improvement Plan (PIP) approved and effective April 1, 2017. The PIP officially ended March 30, 2020 but then a 6 - month extension was granted until September 30, 2020.

The full CFSR Final Report is available on the

Federal website: https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

Department website: <https://kids.delaware.gov/family-services/cfs-review-plan/>

From the last round, Delaware identified these areas needing improvement:

Case related:

- Priority 3 investigation timeliness
- Assessing safety consistently in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Improving children’s physical and dental health services and documentation

System related:

- Reforming quality assurance (QA) case review system
- Designing and implementing child welfare supervisor training
- Consistent private agency foster parent training
- Improving service array
- Strengthening family engagement in assessment, planning and placement activities; targeting intact families and fathers

The Program Improvement Plan had 20 strategies with activities to make the above improvements. Using the federal On-Site Review Instrument (OSRI) as the agency’s case review tool, we were able to take advantage of the automated report features of the Online Monitoring System (OMS) to measure progress towards goals established in CFSR PIP Measurement Plan. After early challenges to complete timely reviews with fidelity, Delaware established a case review team to conduct case reviews and restarted case reviews in April 2018. In March 2020, Delaware completed the third round of PIP monitored case reviews. In June, the agency chose the option to conduct another 6-month PIP reporting period to achieve unmet performance goals for Items 1, 6, and 14. These reviews were completed in September 2020. Delaware met all PIP goals except for Item 14: Caseworker Visits with Child.

Delaware has continued to utilize the federal OSRI to conduct quality assurance case reviews of foster care, in-home treatment, and FAIR (Family Assessment and Intervention Response - differential response track) cases. Each review period consists of 90 case reviews per a 6-month time span. The following chart shows the national performance, and Delaware’s overall performance by item for the last three reporting periods spanning October 2021 to March 2023.

OSRI Items	National Performance	Delaware Reviews		
		CFSR Round 3	10/21-3/22	4/22-9/22
Item 1: Timeliness of initiating investigations of reports of child maltreatment	73%	86.36%	77/5%	78.72%
Item 2: Services to family to protect children in the home and prevent removal	65%	95.45%	100%	97.67%
Item 3: Risk and safety assessment and management	56%	67.78%	73.33%	71.11%
Item 4: Placement stability	74%	72.22%	71.7%	70.73%
Item 5: Identifying permanency goal for child	58%	98.15%	96.15%	100%
Item 6: Achieving reunification, guardianship, adoption or APPLA	42%	98.15%	98.11%	90.24%
Item 7: Placement with Siblings	81%	91.67%	100%	91.67%
Item 8: Visitation with parents and siblings	62%	93.1%	91.43%	92.86%
Item 9: Preserving connections	67%	100%	98.11%	100%
Item 10: Relative placement	70%	100%	97.96%	97.44%
Item 11: Maintaining relationship with parents	58%	100%	93.1%	100%
Item 12: Needs and service of child, parents, and foster parents	39%	70%	61.11%	67.78%
Item 13: Child and family involvement in case planning	50%	74.12%	65.91%	70.11%
Item 14: Caseworker visits with child	66%	76.67%	75.56%	72.22%
Item 15: Caseworker visits with parents	40%	67.19%	64.38%	73.33%
Item 16: Educational needs of child	82%	98%	100%	95.83%
Item 17: Physical needs of child	69%	92.65%	97.14%	94.74%
Item 18: Mental/behavioral health of the child	60%	89.58%	92.86%	97.96%

Showing another view of performance, the next chart demonstrates Delaware’s performance by outcome for CFSR Round 3 baseline in 2015, the last three measurement periods, along with national performance of all completed state reviews.

OUTCOME	National Performance	Delaware Baseline	Delaware Review		
	CFSR Round 3	2015	10/21-3/22	4/22-9/22	10/22-3/23
		n=90	n=90	n=90	N=90
SAFETY 1	73%	81%	86%	78%	79%
SAFETY 2	66%	91%	68%	73%	70%
PERMANENCY 1	27%	56%	72%	66%	63%
PERMANENCY 2	61%	81%	100%	96%	100%
WELL BEING 1	36%	70%	70%	61%	68%
WELL BEING 2	82%	98%	98%	100%	96%
WELL BEING 3	57%	83%	90%	93%	96%

DFS also conducts quality assurance reviews of investigation cases. The table below lists performance for CY2021 and CY2022 on safety assessment elements and a combined safety assessment score. Despite the turnover and staff vacancy, all but 2 safety questions exceed the target goal of 95%.

QA Investigation Case Review Detail	% of Reviewers Agreeing	
	CY21 N=157	CY22 N=153
SA1. Was the Safety Assessment completed on the appropriate household(s)?	100%	97%
SA2. Was safety assessed for all children in the household?	90%	93%
SA3. Were all safety threats identified for each child?	93%	98%
SA4. Were the identified protective capacities documented during the contact(s) with the family?	95%	98%
SA5. Were the indicated safety interventions appropriate for the identified threats?	98%	98%
SA6. Is the final safety finding correct/appropriate?	98%	98%
SA7. Was a Child Safety Agreement completed according to policy?	93%	93%
SA8. If a Child Safety Agreement was completed, did it address the threats adequately?	100%	100%
Combined Score for Safety Assessment	94%	97%

In addition to the OSRI case review and QA Investigation tools, Delaware also meets all the requirements and utilizes the AFCARS, NYTD, NCANDS and MCV reports for system analysis.

Race and Ethnicity Data

According to the Census Bureau, Delaware’s general child population breakdown by race and ethnicity is as follows: White – 47%, Black – 26%, Asian – 4%, Native American-0.2%, Native Hawaiian/Other Pacific Islander <0.1%, Hispanic (of any race) – 17%, and two or more races – 6%.

According to the Delaware Child Welfare Outcomes report, the breakdown of child victims by race and ethnicity for FFY 2021 is as follows: White – 37%, Black – 45%, Asian – 0.9%, Hispanic – 15%, Two or more races – 2.2%.

Using the 2023A AFCARS frequency report, Delaware’s foster care population, without separating those with two or more races, identifies as 55% Black, 50% White, 0% Hawaiian or Pacific Islander, 0.27% Asian, and 0% American Indian. Of these, approximately 6% identify as more than one race. Approximately, 13% of the foster care youth were Hispanic.

The following chart provides more specific information on the race and ethnicity of Delaware’s foster care population including overall foster care population, entries into foster care, and exits with exit reasons.

Race/Ethnicity of Children in Foster Care (%)

	In Foster Care on 10/1 FY					Entered Foster Care in FY					Exited Foster Care in FY					In Foster Care on 9/30 FY				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Alaska Native / American Indian	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
Asian	0.0	0.1	0.2	0.2	0.0	0.2	0.7	0.0	0.0	0.0	0.0	0.7	0.0	0.3	0.0	0.1	0.1	0.2	0.0	0.0
Black	47.7	47.9	47.1	49.0	46.0	43.3	45.7	51.3	48.0	44.6	42.4	45.3	48.3	51.3	41.8	47.9	48.2	48.5	46.7	47.7
Native Hawaiian / Other Pacific Islander	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hispanic (of any race)	10.9	10.9	11.9	11.2	11.9	10.0	10.9	9.3	13.2	9.2	9.9	9.1	11.3	12.2	15.0	10.9	12.0	10.9	11.6	8.1
White	32.8	32.8	31.9	32.4	35.1	40.4	32.5	35.0	31.5	42.9	38.2	35.6	33.0	29.5	37.9	34.4	31.0	32.8	34.0	38.5
Two or more races	8.4	8.2	8.9	7.3	6.7	6.0	10.2	4.3	7.0	3.4	9.2	9.3	7.4	6.8	5.4	6.7	8.7	7.5	7.5	5.4
Unknown	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing data	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Analysis of Child & Family Outcomes Data

System functioning can be seen by taking a deeper look at the data from the case reviews regarding the seven items of Safety, Permanency and Well-being Outcomes.

Safety Outcome 1 & 2 (Items 1-3)

Delaware scores above CFSR Round 3 national performance on all safety outcomes. For Safety Outcome 1, Item 1: Timeliness of investigation, Delaware has struggled to keep a consistent score. This was a PIP Item which Delaware reached conformity with and requires continued focus on because staff vacancies have a significant impact on this rating.

OSRI Case Review Measures	
Safety Outcome 1 - Item 1: Timeliness of Initiating Investigation	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	86.36%
Apr 2022 – Sep 2022	77.50%
Oct 2022 – Mar 2023	78.72%

The aggregate report shows that in CY2022, Delaware completed 6,767 initial interviews with 90% completed on time compared to CY2021 where there were 6,408 initial interviews completed with 94% completed on time. The Department and DFS have made extreme efforts to address timeliness issues regarding initial contact with victims of abuse or neglect by sending out an initial interview due date report twice a week to administration and case supervisors to show the status of all initial interviews on open cases. The Operations Manager analyzes this report and sends out a weekly update on progress achieved or needed. Regional Administrators must report weekly on steps that will be made to complete the contacts. An investigation interview completion report is also sent out monthly. It was determined that priority 3 response (within 10 days) was the area of lowest performance in CY2020. To address this, Delaware expanded our internal differential response (FAIR) as well as the types of reports going to contracted FAIR.

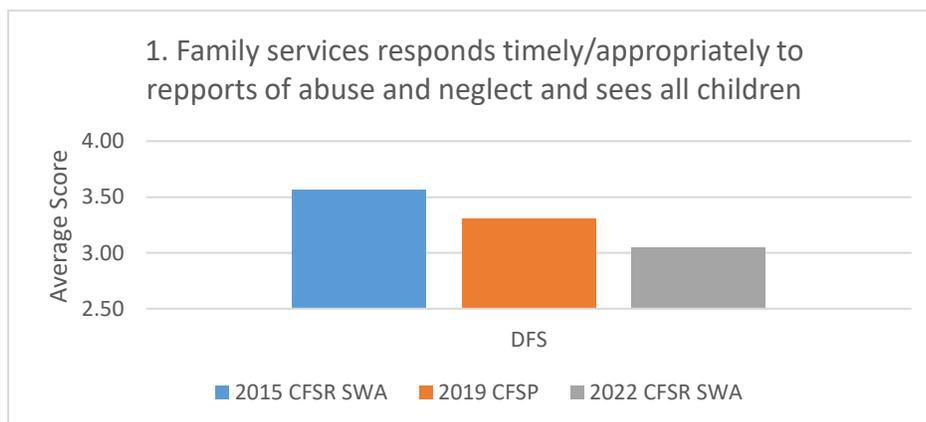
Delaware had also piloted the separation of investigation units by priority type. As a result, improvements were seen in CY2021. Due to the staffing crisis, this pilot has been suspended until positions can be filled to adequately respond to all cases. It is expected that when positions are filled, and priority 3 responses can be separated again we will see a return to higher performance.

In CY2022, Delaware has continued to meet 95% goal for initial response times with priority 1 and priority 2 responses, however, there has been a decline on priority 3 responses. This is strongly correlated to the increased vacancy rates and consequential increased caseloads for investigations, particularly in New Castle County.

Investigation Interview Completion Report: Initial Response Time met on time or had diligent efforts			
Year	Priority 1 (24 Hours)	Priority 2 (72 hours)	Priority 3 (10 days)
CY2020	96%	92%	85%
CY2021	99%	98%	90%
CY2022	98%	97%	83%

In October 2020, investigation caseloads dropped below the caseload standard of 11 for the first time in many years likely due to COVID-19 and remained below standard until October 2021. Due to high vacancy rates, all internal cases are going to investigation and not FAIR assessments. Currently, investigation caseloads are at 19.3. The overall number of hotline reports (23,599) received in FY2022 has increased by 13% from FY2021. We are seeing increased hotline volume thus far in FY23. As of May 15, 2023, 21,256 hotline calls have been received. Consequently, the number of open investigations has also increased. In FY2021, 5630 investigations were opened. In comparison, 6,498 investigations were opened in FY2022, a 15% increase.

A comprehensive survey asked 109 DFS staff about their agreement with responding timely to reports, 96.23% agreed in 2015, 90.24% agreed in 2019 and 83.95% agreed in 2022. Across time agreement has dropped suggesting an awareness of our staffing challenges and difficulties still with the P3 responses despite the strong performance on P1 and P2 responses.



Delaware continues to show a strong performance on Safety Outcome 2 (Items 2 and 3) exceeding at providing services to protect children and prevent removal. Delaware was 1 of only 6 states that met the 90% goal for Item 2 for the CFSR 3.

OSRI Case Review Measures Safety Outcome 2 – Item 2: Services to protect children and prevent removal	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	95.45%
Apr 2022 – Sept 2022	100%
Oct 2022 – March 2023	97.67%

Delaware excels at utilizing family search and engagement strategies to prevent removal of children and uses the evidence based Structured Decision Making® (SDM) caregiver safety assessment tool to determine not only risk factors but also protective capacities and safety interventions. Delaware caseworkers often create safety agreements with relatives, fictive kin, or others to prevent children from entering foster care. In FY2021, 1,679 caregiver safety agreements were completed. In FY2022, 957 caregiver safety agreements were completed. Delaware also uses Team Decision Making (TDM) meetings prior to removal, when possible, to also present strategies to prevent children from entering foster care. For CY2022, 422 children had a TDM. Of these, 197 were a pre-custody TDM, with 63% of the youth being diverted from custody.

The average monthly placement (DFS out-of-home care) population in FY2022 was 505, an increase of 12% from the FY2021 average of 483. 363 children entered initial DFS placements, and 305 children exited placement in FY2022. There were 812 children who spent at least one day in Foster Care during FY2022. This was a 4% increase from the 780 children who spent at least one day in Foster Care during FY2021. At the end of the fiscal year, there were 501 children in DFS out-of-home care, a decrease of 1% from 502 children in care at the end of FY21.

For Safety Outcome 2 - Item 3: Risk and Safety Assessment and Management, case reviews were above the national performance of 56% but showed a drop in performance in the last reporting period.

OSRI Case Review Measures	
Safety Outcome 2 - Item 3: Risk and Safety Assessment and Management	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	67.78%
Apr 2022 – Sept 2022	73.33%
Oct 2022 – Mar 2023	71.11%

Delaware attributes performance decline to staff turnover and vacancies and this item is correlated with our performance on caseworker visits with children and parents, particularly on in-home services (intact treatment) cases. A CQI Intact Treatment Committee was formed to develop strategies to improve performance on in-home services case reviews and improve outcomes with families.

For CY2022, DFS’ quality assurance investigation case review results show reviewers agreed 93% or higher on every safety area identified and met goal of 95% on 6 items including a 100% rating on SA8: *If Child Safety Agreement was completed, did it address the threats adequately.* Delaware scored just below the 95% goal with a 93% on both SA2: *Safety assessed for all children in the household?* and SA7: *Was a Child Safety Agreement completed according to policy?* Delaware’s overall combined safety assessment improved from a 94% in CY2021 to a 97% in CY2022. Delaware showed improvements for all items except on SA1: *Safety Assessment completed on appropriate household.* This dropped from a 100% in CY2021 to a 97% in CY2022. Delaware conducts ongoing SDM® refresher training that reviews policy, procedure, and practice related to the completion of accurate and timely safety assessments.

Permanency Outcomes 1 & 2 (Items 4 – 11)

Overall, Delaware exceeds national performance on both Permanency Outcomes. Case reviews show that Delaware has shown a decline in performance on Permanency Outcome 1 primarily due to our performance on Item 4, placement stability.

OSRI Case Review Measures	
Permanency Outcome 1 - Item 4: Placement Stability	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	72%
Apr 2022 – Sept 2022	72%
Oct 2022 – Mar 2023	71%

In reviewing the CFSR Round 4 statewide data indicators placement stability within the first 1,000 days, there was an average of 4.24 moves for FY2022 as compared to 4.75 moves for FY2021, an 11% decrease. Delaware correlates placement stability performance to the number of teens in foster care. Teens have a higher rate of placement disruption as compared to younger children. As of 4/12/22, 43% of youth in foster care were 13 or older. As of 4/24/23, 40% (242 of 609) of our youth in foster care were 13 or older and 22% (131 of 609) were 16 or older. Using AFCARS 2022A frequency report, 30% of the children were born in 2006 or earlier (approximately 16 years of age or older). Of these children aged 16 and older, 82% had more than one placement setting and 65% had more than 2 placement settings since entering foster care as compared to all children in foster care where 59% had more than one placement setting and 37% had more than 2 placement settings. Using AFCARS 2023A, 20% (145 of 731) of the children were born prior to 4/1/2017, (16 years of age or older). For these youth, 116 or 80% had more than one placement setting and 95 or 66% have had more than 2 placement settings as compared to all children where 59% (433 of 731) had more than one placement setting and 33% (243 of 731) had more than two placement settings. Placement stability has also been impacted by the lack of placement resources, especially for teens. With significant gaps or delays in services for teens with significant mental health or behavior issues in Delaware, Delaware foster parents and other residential programs are unwilling to take in new placements or less tolerable of keeping teens with such significant behavior concerns or runaway behaviors. A CQI Teens Committee was formed to address this matter and will be discussed in more detail in this report.

OSRI Case Review Measures Permanency Outcome 1- Item 5: Permanency Goal for child	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	98.15%
Apr 2022 – Sep 2022	96.15%
Oct 2022 – Mar 2023	100%

Delaware does very well at the timely establishment of case goals. Nearly all children entering foster care have an initial goal of reunification. This is recorded on the child plan that is completed within 30 days of a child entering care and approved by the court. The caseworker and supervisor may refer a case to the Permanency Planning Committee (PPC) at any time to review permanency options or to obtain case permanency guidance. However, if a child has not been reunited with family within 10 months of entering foster care or has been in care for a total of 10 out of 15 months, the caseworker must refer the case to the PPC. The case must be reviewed at least 30 days prior to the permanency hearing for a plan recommendation. The Permanency Coordinator will track all foster children needing a PPC review and will keep the regions informed. As of 4/24/23, from 2020 to present, there were 401 custody starts where child had been in custody for at least 12 months. Of these, 93% had a permanency hearing scheduled within 12 months. Of those that had permanency hearings, every one of them had a permanency review within 12 months. Delaware practice is to have a post permanency hearing every 3-6 months.

OSRI Case Review Measures Permanency Outcome 1- Item 6: Achieving Permanency	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	98.15%
Apr 2022 – Sep 2022	98.11%
Oct 2022- Mar 2023	90.24%

The state data profile shows that Delaware scores better than national performance for permanency within 12 months (47.3%), and no different than national performance for permanency within 12 months for children in care 12-24 months (44.2%) and for permanency within 12 months for children in care more than 24 months (30.12%) for FY2022. For the past 4 AFCARS submissions, Delaware has no missing periodic reviews. For CY2022, Delaware court and internal data shows that Delaware had no missing periodic reviews. Delaware believes this has contributed to higher performance on Item 5: Identifying Permanency Goals and Item 6: Achieving permanency goals. These were items that had been on Delaware’s PIP. For

the past six review periods, Delaware has achieved higher than the federal goal of 90% on both items. Of the 305 children leaving placement during FY2022, 42% had custody rescinded to original custodian (39% in FY2021, 34% in FY2020), 18% were placed with guardians (15% FY2021, 21% in FY2020), 19% were adopted (30% in FY2021 and FY2020), 20% reached age of majority (17% in FY2021, 15% in FY2020), and <1% was due to death. In FY2022, 59 children for whom the Division held parental rights were adopted with 39% occurring within 24 months of entry into care. In FY2021, 102 children for whom the Division held parental rights were adopted and 50% of these adoptions were within 24 months of entry into care, compared to 37% in FY2020.

OSRI Case Review Measures					
Permanency Outcome 2- Items 7, 8, 9, 10 & 11					
Measurement Period	Item 7- Placement with siblings	Item 8- Visits with parents & siblings	Item 9- Preserving Connections	Item 10- Relative Placement	Item 11- Relationship of child with parents
Oct 2021 – Mar 2022	92%	93%	100%	100%	100%
Apr 2022 – Sep 2022	100%	91%	98%	98%	93%
Oct 2022 – Mar 2023	92%	93%	100%	97%	100%

Delaware has consistently scored well on Permanency 2 Outcome, meeting the 90% goal for each item since 2020. As stated previously, Delaware excels at family search and engagement strategies and continuously makes efforts to locate relatives, promote visitation and maintain connections with parents/original caregivers, and family.

Well Being Outcomes 1, 2 & 3 (Items 12-18)

Case reviews show that Delaware is exceeding national performance in all three Well Being Outcomes. For Well Being Outcome 1, Delaware had seen a decline in performance from reviews completed from October 2020 – March 2021 to reviews completed for the most recent review period, October 2022-March 2023.

OSRI Case Review Measures	
Well Being Outcome 1 (Items 12, 13, 14 & 15)	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	70%
Apr 2022 – Sept 2022	61%
Oct 2022 – Mar 2023	68%

The decline in Well Being Outcome 1 performance is primarily due to lower performance on the in-home services (Intact Treatment cases) case reviews, especially on Item 14: Caseworker Visit with Children and Item 15 Caseworker Visit with Parents. For the most recently completed case reviews, on Item 14, in-home services cases scored a 48% strength rating, foster care cases scored a 93%, a 44% difference. For Item 15, in-home services cases scored a 62% strength rating, foster care cases scored an 85%, a 23% difference. Lower rates of frequent and quality visits impact the rating of ongoing assessment of needs, services, and planning. As discussed previously, Delaware has a CQI Intact Family Committee that was specifically formed to address the lower performance with in-home service cases. Recommendations and initiatives of this committee are found later in this report.

OSRI Case Review Measures	
Well Being Outcome 2- Item 16: Education Needs of Children	
Measurement Period	Strength Rating
Oct 2021 – Mar 2022	98%
Apr 2022 – Sept 2022	100%
Oct 2022 – Mar 2023	96%

For Well Being Outcome 2, Item 16: Education Needs of children, Delaware scores 96% or higher since the 2015 baseline. Delaware’s Department of Education (DOE) and DFS collaborate well to ensure DE APSR 2024

children’s educational needs are being met. Placement data is exchanged monthly and Best Interest Meetings are expected to be held within 5 days of school-aged youth entering foster care and with every placement change. There are also Best Interest Meetings held at the end of the school year for some children to ensure appropriate educational planning.

OSRI Case Review Measures		
Well Being Outcome 3- Items 17 and 18		
Measurement Period	Strength Rating (Item 17: Physical Needs)	Strength Rating (Item 18: Mental/Behavioral Health Needs)
Oct 2021 – Mar 2022	93%	90%
Apr 2022 – Sept 2022	97%	93%
Oct 2022 – Mar 2023	95%	98%

For Well Being Outcome 3 related to Item 17: Physical Needs and Item 18: Mental/Behavioral Health Needs of children, Delaware has met or exceeded the federal goal of 90% for the past six performance review periods. The case reviews find that children are up to date with their preventive medical and dental care and when there are medical, dental, or mental health needs for children, those needs are appropriately addressed. Case Reviewers found evidence of strengths for applicable cases as follows: majority of children have current and periodic physical, dental, and vision exams, identified medical or mental health needs are followed up on by the caseworker and referrals are made as needed, follow up is taking place with foster parents and parents about the child’s needs and medication, and discussions/collateral contacts are made with providers. For Substance Exposed Infant (SEI) cases, Plans of Safe Care (POSC) were completed to assess and plan for substance exposed infants with their families. Nemours, the largest pediatric network in Delaware, has partnered with DFS to open a patient portal so that caseworkers and foster parents can easily access patient information, connect with the doctor, review records, etc. for children who receive primary care services through Nemours. Caseworkers collaborate with PBH and the child’s treatment team when involved with the child to help address their mental health needs.

OSRI case review results are used by DFS program workgroups, leadership teams and specialized workgroups to evaluate program functionality, performance, and practice model fidelity. Evidence of its use is referenced throughout the CFSP Progress Report. DFS will utilize the case review team and use of the OSRI for ongoing assessment of performance and the Round 4 CFSR case reviews.

Functioning Analysis of the Systemic Factors

As part of developing the APSR, Delaware utilized the Statewide Assessment and Stakeholder interviews to analysis the systemic factors and the following provides a general description of the systemic factors in Delaware.

Information System

Delaware’s Comprehensive Child Welfare Information System (CCWIS), which replaced Delaware’s SACWIS-compliant FACTS system went live on February 6, 2018 and is named For Our Children’s Ultimate Success commonly called FOCUS. The state is currently working through the CCWIS design self-assessment under Administration of Children and Families (ACF) direction. Delaware’s FOCUS was one of the nation’s first cloud-based child welfare case management systems to be implemented and provides an integrated case management solution to support the seamless delivery of services within and across all DSCYF divisions. FOCUS provides a secure, easy-to use workspace that is available 24-7, is accessible everywhere in the US and US Territories with an internet-connected device and is mobile enabled with talk-to-text capability to improve caseworkers’ experience and efficiency while working in the field.

DFS uses the FOCUS system to record all programmatic activities including Intake, Investigation, Treatment, Permanency, Foster Care, Adoption, Independent Living, and Interstate Compact. A FOCUS Provider Portal has been created and is currently being operationalized to give access to contracted provider staff to accept referrals for service initiated by DFS staff, access the case they are assigned to in order to

assist DFS with services and documentation and to streamline invoicing. The first portal application completed was for the report line where community members can report concerns regarding abuse, neglect, and dependency through an online Reporter Portal that feeds directly into FOCUS. Currently under development, is a portal to support foster care and adoptive parent recruitment where applicants can gain access to information and the application process, to complete applications directly in the system and interact with DFS during the initial and ongoing approval. In May 2023, DFS was able to complete the initial build of the AFCARS 2020 file and successfully submit the 2023A file. Ongoing quality reviews and analysis is continuing to strengthen the report.

The Department developed and submitted a data quality plan (*See Attachment Delaware Data Quality Plan (FOCUS) 2022*) to the Administration of Children and Families in accordance with 45 CFR 1355.52. This plan, The Delaware Comprehensive Child Welfare Information System (Delaware FOCUS) Data Quality Plan, was approved by ACF and work has begun to implement the included strategies and action steps.

DSCYF has a well-established and effective process for making changes to the FOCUS system to improve functioning, expand capability, and address problems identified. Since initial implementation in 2018, there have been continued improvements made to FOCUS and supporting processes, consistent with priorities identified in the 2020-2024 CFSP, the 2022 Delaware Comprehensive Child Welfare Information System Data Quality Plan (DQP), the 2020 ACF technical assistance site visit, and the 2023 ASPR. An internal department team, consisting of Focus Liaisons and Trainers, has been established to streamline responsiveness to system usage issues and provide continually updated user manuals and quick reference guides along with regular new employee and refresher trainings that are available live and on-demand through the Delaware Learning Center.

Specifically, to the information system, priorities determined in the DQP include timeliness, completeness, and accuracy of the data entered into the system. Significant progress has been made in bolstering system training through the hiring of dedicated trainers and development of new trainings to address areas where data entry quality has been problematic. The objective is to ensure that valid, required information on status, demographic characteristics, location, and goals of every child who is in foster care is recorded and that data is entered quickly and easily accessible. As part of the State of Delaware’s Continuity of Operations Plan (COOP), reports are generated weekly providing a holistic view of all children in DFS custody, including demographic and placement location details, to ensure that DFS can continue to perform their agency mission essential functions during a wide range of emergencies.

Timeliness is an area of focus for the system, to improve staff’s ability to enter data timely. Timeliness reports have been created and started to be distributed to staff to assess entry status and encourage compliance. A review of the October 2022 **CCWIS Custody Order Entry Timeliness** report data showed that only 11% of custody orders were entered into FOCUS within 1 business day which is the documentation timeliness policy for DFS court orders, with an overall average of 12 days to enter custody orders. This report reflects the amount of time between the actual hearing date and the entry of the custody order into FOCUS, which relies upon DFS receiving custody orders from Family Court.

CCWIS Custody Order Entry Timeliness Data- October 2022				
Number of Custody Orders	% Of Orders Entered within 1 day	% Of Entries within 3 days	% Of Entries within 5 days	% Of Entries made beyond 5 days
113	11%	17%	29%	71%

A review of **CCWIS Placement Entry** report data showed that 8% of August 2022 placement entries were made within the 1 business day which is the documentation timeliness policy for DFS placement, with an overall average of 23 days to enter the placement into FOCUS and 15% of September entries were made within 1 day, with an overall average of 25 days to enter the placement into FOCUS.

CCWIS Placement Entry Timeliness Data August 2022					
Report Date	Number Placements Entered	% Of Placements Entered within 1 day	% Of Entries within 3 days	% Of Entries within 5 days	% Of Entries made beyond 5 days
August 2022	128	8%	20%	34%	66%
September 2022	112	15%	23%	37%	63%

A review of **CCWIS Placement Exit Timeliness** report data showed that 22% of August 2022 placement exits were entered within the 1 business day which is the documentation timeliness policy for DFS placement, with an overall average of 22 days for entry into FOCUS. Only 19% of September placement exits were entered within 1 day, with an overall average of 23 days for entry into FOCUS.

CCWIS Placement Exit Date Timeliness Data August 2022					
Report Date	Number Placement Exits Entered	% Of Exits Entered within 1 day	% Of Entries within 3 days	% Of Entries within 5 days	% Of Entries made beyond 5 days
August 2022	99	22%	48%	42%	58%
September 2022	70	19%	34%	39%	61%

The **CCWIS Placement Entry Timeliness** report data from August and September also showed several children listed as having exited placement, but with no length of stay listed, indicating that exit dates had not yet been entered into the system.

Case Review System

The Case Review System is a priority for DFS and the CIP Steering Committee. Representatives from both groups are active participants in several groups that evaluate data and make recommendations for this systemic factor. The DFS Program and CQI teams review items that are evaluated through case reviews and regularly provide updates to DFS senior leadership. Additionally, the review of system data is a standing agenda item at CIP Steering Committee and Child Protection Accountability Commission (CPAC) meetings in order to keep the court, agency and system partners informed of performance.

The Case Review System includes the written case plan which is the child plan series that is to be completed with parent involvement. The child plan series includes an immediate needs plan due 5 days of entering care; a comprehensive goal identification and domain planning plan due 30 days from entry covering the time in care; and a 6-month review. If the child remains in placement for 12 months a new child plan is completed. The plan is to be completed with the input from the parent and child when appropriate and other team members. The FOCUS template has all required provisions and elements including permanency goal, visitation, education, health, and mental health needs and goals. As of October 14, 2022, of the 477 youth in custody at least 60 days, 86% have a completed written case plan entered into the data system. Overall, since FY18, 95% of youth in custody 60 days or more, had a completed child plan. The expectation is that for all children entering custody in Delaware, a copy of the child plan is provided to the court by the disposition hearing where it is entered into the record and shared with all parties to the hearing, including parents. The plan elements are reviewed through court testimony at every subsequent hearing. As part of the CFSR, it was discovered that this is not consistent in all counties. Possible reasons for this include staff turnover and high caseloads resulting in plans not being updated as needed. This is being addressed by DFS and CIP.

Using the OSRI Case Review results specifically from foster care cases, the below chart looks at the breakdown of involvement by child, mother, and father. Breaking this down further, For Item 13 – Involvement in Case Planning – many of those marked areas needing improvement were correlated to the frequency of caseworker not meeting with parents and/or children (Item 14 and Item 15). When workers did meet with parents and children, the majority of workers did have meaningful planning discussions to jointly develop case plans. Planning was also shown to be a part of Team Decision Making Meetings and Family Team Meetings.

Measurement Period	Item 13 – Involvement in Case Planning	Item 13 Involvement- YES			Item 14 – Caseworker visits with Child	Item 15 – Caseworker visits with parents
		Child	Mother	Father		
Apr 20– Sept 20	94%	97%	91%	90%	94%	88%
Oct 20 – Mar 21	85%	95%	83%	71%	91%	71%
Apr 21 – Sep 21	90%	100%	97%	72%	98%	83%
Oct 21 – Mar 22	88%	95%	86%	69%	89%	76%
Apr 22 – Sep 22	76%	88%	73%	67%	89%	72%

In Delaware, periodic reviews are conducted by the courts. Generally, each court hearing reviews the ongoing safety of the child; the continuing necessity for out-of-home placement; the appropriateness of the out-of-home placement; the extent of the agency’s and parents’ compliance with the case plan; the extent of progress that has been made toward alleviating or mitigating the reasons the child was placed in foster care; the likely date by which the child may be returned home or placed for adoption; the steps the agency is taking to ensure the child’s foster care provider is following the reasonable and prudent parent standard; and whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities (including consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities. The CIP data subcommittee measures and shares timeliness of hearings (Adjudicatory, Dispositional, Reviews, and Permanency), timely filings of termination of parental rights (TPR) petitions and timeliness of permanency by type. Delaware continues to demonstrate that hearing timeliness is strong; however, there continues to be some outlier cases where we are not meeting hearing type guidelines. After the Preliminary Protection hearing (10 day) and Adjudicatory hearing (30 days), every child in custody is to have a hearing every 3-4 months with limited exceptions and an official Permanency hearing every 12 months from custody entry. For all children that have been in care for 15 of 22 months, unless an exception is determined and approved from the Permanency Planning Committee (PPC), a TPR petition is to be filed. During the Statewide Assessment phase of the CFSR, it was discovered that Delaware does not have a reportable data element to report out the TPR filing exceptions as this is only recorded in the PPC notes that require individual review.

The Office of the Child Advocate (OCA), which is a non-judicial state agency charged with safeguarding the welfare of Delaware’s children, contributes to the case review system quality. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate (CASA) Program. During SFY2021, OCA provided legal representation to 737 children statewide. Three hundred ninety-seven were represented by a Child Attorney and CASA, and 340 were represented by a Child Attorney only. Broken out by county, 162 children were represented in Kent throughout the fiscal year, 446 in New Castle, and 129 in Sussex.

Foster Care caregivers including foster parents, group home staff or relative/kinship providers, are included in court reviews for the children in their care. Delaware does not have a formal or automatic system of notification that confirms that caregivers are given notice of hearings and their right to be heard, but caregivers, staff and partners have confirmed during the CFSR stakeholder interviews that they are given notice and it is reinforced by the courts. Caregivers are reminded of the hearings by multiple team members and the Judges are accommodating and supportive of caregiver involvement.

Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. This system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures and monitored by a CQI Steering Committee.

In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool for treatment (foster care and in-home) and differential response cases. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. DFS has a dedicated case review team consisting of 4 full time case reviewers, 2 part time reviewers and a full time Continuous Quality Improvement (CQI) manager/second level quality assurance reviewer. The CQI Manager consults with the federal team for guidance on case reviews as needed. The Delaware case review team conduct 90 randomized case reviews for identified periods under review every 6 months, (15 reviews per month). The team also conducts 15 investigation, and 4 internal differential response FAIR case reviews every month. As part of the case review process, the review team also conducts supplemental surveys that consist of an open-ended conversational discussion with review participants (parents, caregivers, youth, and foster parents) to obtain lived experience feedback regarding broader systemic practices such as trauma informed care, cultural awareness, case planning, collaboration across division, and service array. Delaware has updated and built the internal investigation and FAIR case review tools into the FOCUS data system. In addition to policy adherence questions, Delaware has added questions related to the use of Safety Organized Practice and SDM® tools, Family Engagement Strategies, Substance Exposed Infants and Plans of Safe Care, and MDT response. During reviews, case reviewers are also reviewing data quality and alerting the CQI manager when information is inaccurate or missing in the FOCUS system. In the future, this team may be conducting SDM® Fidelity case readings as well. Planning is currently underway to have the case review team trained and prepared for this endeavor.

The case review team meets monthly to analyze case review results, determine trends or patterns, and discuss case review fidelity. Results of the case reviews and supplemental surveys are shared at the bi-annual stakeholder meetings, Strategic Leadership Team (SLT) meetings, all management meetings, program management meetings, CQI Steering Committee, CQI committees, and other forums. Results are also shared and discussed at monthly case review team meetings and during one-on-one supervision with front-line staff to ensure information trickles-down and is understood throughout the agency at all levels. Additionally, the CQI Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, “Delaware Rocks”, sharing positive performance results with all staff. The CQI Manager also sends out “Kudos on Case Review” emails when case reviews receive an all-strength rating. These emails are sent to workers, supervisors, Assistant Regional Administrators, Regional Administrator, DFS Operations Administrator, DFS Director, DFS Deputy Director, and Cabinet Secretary. Feedback regarding these kudos has been extremely positive and workers appreciate the recognition for their performance. The agency not only shares performance results, information on areas which need improvement, and updates on actions taken to make improvements, but also seeks feedback and input. The survey completed during the Statewide Assessment with stakeholders confirms that the majority of youth, foster parents, community partners, DFS and DSCYF staff agreed that DFS has a statewide continuous quality improvement system that identifies strengths and needs, shares results, and seeks their feedback for process improvement and system planning.

DSCYF has moved the data team under the centralized FOCUS team. CQI Manager continues to closely collaborate with the data team. The data team builds the needed statewide reports and queries to pull needed information from the FOCUS system and maintains a report inventory. The data team also runs the federal reports such as AFCARS, NCANDS, NYTD, and the monthly caseworker visit report. Prior to submission, federal validation tools are used to monitor data quality of requested information. Recently, Delaware completed a thorough review of the AFCARS file going back to 2018 when the FOCUS system went live and was able to successfully complete a resubmission to improve data quality on the data profile in

preparation for the CFSR Round 4. Delaware also successfully built and submitted AFCARS 2020 with no compliance errors in May 2023.

In addition to monitoring quality of federal report data, the CQI Manager and data team regularly analyze in-house reports to evaluate data quality to ensure FOCUS is functioning correctly and data entry by staff is accurate. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. The CQI Data Quality Committee monitors the Department Data Quality Plan and makes determinations related to focus areas of data quality improvement needs. The CQI Manager and Operations Manager have worked closely to develop reports that target specific FOCUS events to monitor timeliness of completion and frontline performance. Specific trainings have also been developed to address areas where data quality related to data entry has shown to be a problem such as placement events – particularly worker approved relative/kin placements, custody events, and demographic information on persons. The Department has hired two full time FOCUS trainers to provide this training. Report team has also begun providing training to management and administration on how to use specific reports to assist them in their supervision needs around monitoring data quality and worker’s entry of required information. The first training was the use of the Kids in Custody report.

DFS FOCUS liaisons work collaboratively with the CQI Manager to correct data entry errors. Defect tickets are written to address data system issues and make improvements. The CQI Manager shares analysis with Administrators to disperse information to frontline staff and supervision. The operations team then takes corrective action as needed. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. Certain reports, such as the kids in custody with active placement are sent out weekly to not only allow management to assess job performance and data entry completion, but also so frontline can validate the report and ensure information is accurate. The CQI Manager and data team also conduct ongoing data quality checks with CIP, OCA, and the Courts. Information related to custody dates, demographics of the children in agency custody, permanency plan, and initial placement reasons are shared and reviewed to ensure consistent and accurate information is being maintained. Through the various CQI committees and other forums, additional court information has been requested such as information on sua sponte custodies, short stays, TPR, and adoption/guardianship disruptions, and this data is now being tracked regularly. CQI Manager was also given access to the court’s data system, APRICOT, and is able to review court data as needed. Data is also reviewed during quarterly CIP data quality team meetings and CPAC data quality team meetings. During these meetings, data is analyzed for trends, patterns, and data quality. These teams also determine the best approach to presenting pertinent information to the CIP Steering Committee and CPAC committee. Focus groups conducted confirmed the agency has a plentiful number of useful reports which are distributed and accessed regularly, and both staff and stakeholders indicated they are aware of the process to obtain additional data as needed.

Delaware’s Continuous Quality Improvement system is guided by a CQI Steering Committee that meets at least every two months. The Steering Committee reviews results of case reviews, supplemental survey findings, federal reports and various other quantitative and qualitative data to determine agency strengths or targeted areas of needs and monitor progress on improvement efforts. Report-outs on all CQI subcommittees and initiatives undertaken are discussed, as well as noted barriers and recommendations around next steps. Next steps could include continued implementation (adopt), expansion (adapt), or discontinuation (abandon) of an initiative. During these meetings, case review results are periodically reviewed for fidelity and accuracy. Currently, Delaware has four CQI subcommittees, the CQI Post Adoption Disruption Committee, the CQI Intact Family Committee, CQI Teen Committee, and the CQI Data Quality Committee. The CQI Post Adoption Disruption Committee now meets quarterly. The other three meet on a monthly basis. The committees review data related to the identified problem, propose solutions and discuss action steps, and then continuously monitor the steps taken to evaluate outcomes. These follow a Plan, Do, Study, Act (PDSA) model. Focus groups conducted highlighted DFS’ consistent efforts to ensure all child welfare agencies and those with lived experience are included in these meetings and are active participants in the decisions-making process. The DFS Strategic Leadership Team meeting has also begun using more CQI activities (Plan, Do, Study, Act), reviewing data to determine areas needing

improvement. Per SLT recommendations, subcommittees have been formed to address areas such as Level of Care improvements, guardianship reform, and APPLA consistency with courts. These subcommittees seek feedback and report out their findings, recommended initiatives, and progress at each SLT meeting.

In response to DFS' accomplishment in establishing a Quality Assurance System which has demonstrated how successful dynamic continuous quality improvement efforts are to improving practice, the Department has adopted their methodology and replicated this across the Department in various ways. Goal 3 of the Department 5-year Strategic Plan is to expand and institutionalize data-driven decision-making practices to demonstrate the agency's dedication to continuous quality improvement. In response, the department created a Continuous Quality Improvement Collaborative, Data Governance Board and leveraged the existing Department Quality Assurance Team to develop a System of Care Case Review Tool which closely aligns to the federal review tool and process used by DFS. Modeling the current DFS case review process, Administrative Case Reviewers from the Office of Case Management conduct case readings and qualitative interviews of key participants and stakeholders to complete a case review tool. The first targeted review pilot was completed on youth who were involved with more than one of the DSCYF divisions (YRS, PBH, DFS). CQI manager is an active member of the CQI Collaborative and Data Governance Board. Additional objectives aligned with Goal 3 of the Strategic Plan are to develop a cadre of staff who are trained/certified in continuous quality improvement practice and dedicate resources to support ongoing improvement, cross training, and succession management activities; expand current continuous quality improvement efforts to include data-driven examination of processes, critical incidents, and service delivery using proven continuous quality improvement strategies. The DSCYF Continuous Quality Improvement Collaborative is currently finalizing a project charter related to engaging individuals with lived experience to ensure decision-making and project planning within the department are informed by diverse perspectives from individuals with lived experience. As part of this project, the Collaborative is researching how other jurisdictions have been successful at incorporating lived experience into planning and decision-making, developing a process for payment and reconciliation, determining parameters for participants, developing a recruitment strategy, developing a process to promote client confidentiality and submitting a pilot proposal. Members are currently developing policy to compensate those with lived experience. DFS CQI Manager will be piloting this project.

Additionally, the department has begun hosting town halls regularly to share updates and have open discussions with department staff to address employee concerns and inform them of process improvement efforts. On 11/9/22, the department hosted a town hall featuring the Governor who not only spoke about the steps being taken statewide to improve key areas of concern (vacancy rates, employee retention, lack of placement resources), but also requested staff share recommendations and feedback with him on areas in need of improvement.

Staff and Provider Training System

The Center for Professional Development (CPD) provides training and professional development for DSCYF employees and partner agencies who work with children, youth, and families. CPD is housed within the Division of Management Support Services (DMSS). CPD is staffed with a complement of two Training Administrator Is, four Trainer/Educator IIIs, and one Casual/Seasonal Administrative Assistant, all supervised by a Training Administrator II. The CPD trainers and administrators are responsible for providing New Employee Training (NET) for DFS and DYRS each month, in addition to providing continuing education opportunities to all DSCYF staff. There are three coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and the required on-the-job experiences.

CPD Goals and Objectives

The goal of training in the Division of Family Services is to develop the necessary knowledge, skills, and attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model. During FY2023, training continued to focus on the following casework practice initiatives grouped together under the banner 'Outcomes Matter' (OM): Structured Decision

Making[®], Safety Organized Practice, differential response, family search and engagement, and team decision making. Since 2014, the goal of training has evolved from the introduction of the ‘Outcomes Matter’ initiatives to embedding the values in new staff as they start their career in child welfare and encouraging experienced staff to develop competency and comfort with the different tools and techniques. CPD’s ongoing primary training objectives are:

1. Developing, updating, and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff and to comply with changes in policy, practice, and program areas.
2. Provide competency-based pre-service training to new hires within the division and to partner agencies; provide in-service training to caseworkers, supervisors, administrators, and contracted service providers that supports best practices and integrated service planning.
3. Implement and sustain practice approaches by collaborating with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity.
4. Be an internal partner as members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning, and executing training to targeted DFS staff.

Pre-Service Training

CPD provides Instructor Lead Training (ILT) on the skills and knowledge needed by new hires to understand and implement the DFS practice model. Fifteen competency-based pre-service core trainings and one orientation class are delivered to cohorts of newly hired DFS caseworkers. In addition to ILT, new staff are provided with online training for different subjects that support Outcomes Matter strategies and supplement the New Employee Training (NET). Twice a year, CPD generates a report to identify new staff who are missing NET courses after their 4-month cohort. Training records indicate 72% of new DFS staff who started in 2022 had completed all the required NET courses or were only missing one course.

CPD trained mentors and experienced staff are paired with new staff to facilitate learning in the field, which includes required On-the-Job Training (OJT) experiences. In addition, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills attained in training. (See Attachment: *DFS Transfer of Learning NET Brief-16th Edition*)

In-service training

In-service training offers opportunities for developing higher levels of child welfare skills, practicing cyber security, applying trauma informed care and addressing other developmental needs of staff. Some courses are web-based and available at the user’s convenience, while others are instructor-led. Section III, Update to the Plan and Staff Training, has many references to new and refresher in service trainings. In 2020, DSCYF instituted a 28-hour in- service training requirement for all staff and requirements were added to the yearly Performance Reviews. During FY2022, new training was offered to DFS staff on Framework Consultation Meetings, Trauma-Informed Care, Judicial Processes, Human Trafficking, Safety Assessments, Domestic Violence, Self-Care, Guardianship Checklists, Gender Identity, and Substance Misuse.

In FY2022, in addition to courses offered through the Delaware Learning Center on hundreds of topics, more than 30 in-service courses were specifically offered to DFS staff. This included courses offered by Program Managers and SME trainers like the ‘Lunch and Learn’ series which is offered at lunchtime for only 1 hour and covers a variety of topics applicable to daily caseworker duties.

CPD offers statewide child welfare-specific supervisor training to DFS supervisors. The DFS Supervisor Core consists of 6 modules that are 1-2 days each. The series of 6 modules are offered twice a year, with one module scheduled each month (Module 1 offered in January 2022, Module 2 offered in February 2022, etc.). The entire series repeats again, beginning in July 2022 with Module 1.

There are recognized opportunity for improvement, while there are a good number of courses offered, supervisors and staff do not feel they have the time to attend and there is little enforcement of training that is considered ‘mandatory.’ When competing priorities exists, training is usually the first item to be discarded. As indicated previously, there are larger reasons that training attendance is low, most notably high staff turnover and high caseloads for remaining staff – these issues will need to be ameliorated before attendance at in-service training will improve. Another opportunity that exists would be to tie in Training Hours with promotions, ensuring staff are not promoted if they have not achieved the 28-hour training goal in the past CY. CPD updates the IV-B/IV-E Training Plan yearly, adding required and elective courses to improve staff competencies. (See Attachment: *Staff Training Chart FY2023 with Allocations*)

For foster and adoptive parent training, data shows the overall stakeholders agree foster and adoptive parents and group care staff have training that gives them the skills and knowledge to care for children. There are inconsistencies with how training compliance is tracked and how these inconsistencies are addressed primarily because of the various agencies that oversee families. A provider portal, where providers will document service delivery in FOCUS, and a recruitment portal, where foster and adoptive parents will enter and receive information including licensing and training information, are currently being developed into the FOCUS system. This centralized data collection and communication will allow the agency and stakeholders to improve communication and monitoring.

A plethora of training is offered statewide throughout the year to prospective and current foster and adoptive parents and group care staff. Private providers and Prevent Child Abuse Delaware (PCAD) provide ongoing monthly statewide competency-based pre-service training to prospective foster parents. Curriculum used varies by agencies and include PRIDE, Institute for Human Services (IHS) and provider affiliated training. However, topics covered are similar and include general information about the child welfare system, abuse and neglect including impact of trauma on child’s development, attachment and bonding issues, child development, positive behavior management, birth parent or former guardian relationships, and self-care.

Pre-service training requirements for most prospective foster parents is between 29 – 32 hours and for adoptive parents is between 29 – 50 hours depending on specific agency requirements; one provider requires 50 hours of pre-service training for prospective foster parents. Completion of the pre-service training is a requirement to eligible to become a foster parent or be approved for adoption. Training is offered in a variety of formats; in-person, virtual, online courses and self-studies. In-person and virtual training is offered frequently statewide throughout the year ranging from one training per month to multiple trainings per month. Foster parents are given ample opportunity to meet their annual training requirements. Additional support programs that are offered by private agencies include a mentor program where new and experienced foster parents are paired, and a coaching specialist who is able to meet with families individually when needed. This information was supported by the focus group with providers, provider and foster parent survey completed in fall of 2022.

Since the deployment of FOCUS in 2018, tracking required annual training compliance for foster parents licensed with the State of Delaware has been more challenging because of entry and exporting training lists has not been user friendly. Getting comprehensive statewide and accurate data from the system was not possible and could not be analyzed for compliance with requirements for in-service training. Additionally, addressing circumstances where foster parents licensed with the State who do not complete training is inconsistent. Compliance with meeting required training hours for foster parents is an area where clear data could not be identified. Provider Survey results yielded an average of 88% of foster parents affiliated with private providers statewide meet their training requirements annually.

Service Array and Resource Development System

Delaware does have a robust system of services that are available to families and children that can be easily individualized to meet their needs. One of the challenges currently faced by Delaware and across the nation is providing services in a timely fashion due to staffing shortages that have impacted agencies that provide

services to families in the child welfare system. Delaware’s child welfare system offers a continuum of services to at-risk families and children from prevention to permanency and independent living that are provided by public and community-based agencies. Current prevention services include home visiting, parent education, Strengthening Families parent education program, family consultation, fatherhood coalitions, school based early intervention and Behavioral Health Consultants. Trauma-informed, developmental, and evidence-based screenings for children entering foster care, as well as the monitoring of psychotropic medications, are also provided and are valuable resources for reunification and permanency planning. Delaware continues to grow in Safety Organized Practice and Structured Decision Making® which facilitates strong assessment of safety threats, risk factors, family strengths and individual needs through family engagement activities. Delaware’s kinship program has been maturing and has been very effective to supporting families staying together. DFS and Child Development Watch (CDW) partners with DPBHS and the CDW unit of DHSS to provide assessment, planning and referrals for children from ages birth to three who experience developmental delays or disabilities. DFS is committed to collaborating with partners on enhancing Delaware’s service array with an emphasis on prevention services and communication. Delaware plans to expand prevention services to strengthen healthy communities, families and children.

In the related companion performance measure, OSRI case review tool items 16, 17 and 18, Delaware has consistently met the expected performance goal of 90%.

OSRI Case Review Measures			
Measurement Period	Strength Rating (Item 16-Education)	Strength Rating (Item 17-Physical)	Strength Rating (Item 18-Mental/Behavioral)
National Performance	82%	69%	91%
Delaware’s 2015 baseline	98%	86%	91%
Apr 2020 – Sept 2020	100%	96%	94%
Oct 2020 – March 2021	98%	94%	98%
Apr 2021 – Sept 2021	96%	97%	96%
Oct 2021 – Mar 2022	98%	93%	90%
Apr 2022 – Sept 2022	100%	97%	93%
Oct 2022 – Mar 2023	96%	95%	98%

Some examples of improvement with services include expansion of FAIR (Family Assessment and Intervention Response); addition and expansion of Kinship Care Programming; expansion of pre- and post-adoption support services; expansion of evidence- based programming across the statewide community; adoption of the CSE-IT (Commercial Sexual Exploitation- Identification Tool) trafficking tool; development and implementation of protocol for Dual Status Youth meetings; and additional flexible funding through the Family Informed Resource Support Team (FIRST) and the Amazon voucher program. Through the statewide self-assessment process, Delaware has identified areas of our system that need continued improvement. While there is evidence that there is a statewide service array system, staffing challenges within DFS/DSCYF, the provider network, and community-based agencies threaten timely delivery of services and service quality. The improvements and enhancements made thus far to expand and strengthen our service array have shown regression in some areas in the wake of the pandemic and workforce crisis that faces our state.

In the related companion performance measure, OSRI case review tool item #12 (a, b, c), Delaware has not met the expected performance goal of 90%.

	Delaware Case Reviews			
	10/20-3/21	4/21-9/21	10/21-3/22	4/22- 9/22
Item 12: Assessing Needs and Services	62.22%	76.67%	70.00%	61.11%
Item 12 A: Needs and services to children	74.44%	84.44%	77.78%	75.56%
Item 12 B: Needs and services to parents	56.72%	70.77%	66.15%	64.38%
Item 12 C: Needs and services to foster parents	92.45%	95.83%	97.87%	84.78%

While we have made improvements in all the categories of this time, we continue to need to improve work with parents, especially fathers in order to achieve the established goal. We will also need to continue to address service gaps across the state for children and foster parents to ensure no further regression occurs.

Agency Responsiveness to the Community System

DFS has a strong history with both formal and informal responsiveness to the community. DFS is a member of CPAC and responds to recommendations from member agencies. Title 16, §912 of the Delaware code, sets the Commission's membership as: The Secretary of DSCYF, the Director of DFS, 2 representatives from the Attorney's General Office, 2 members of the Family Court, 1 member of the House of Representatives, 1 member of the Senate, the Chair of the Child Placement Review Board, the Secretary of the Department of Education, the Director of the Division of Prevention and Behavioral Health Services, the Chair of the Domestic Violence Coordinating Council, the Superintendent of the Delaware State Police, the Chair of the Maternal and Child Death Review Commission, the Investigation Coordinator, 1 youth or young adult who has experienced foster care in Delaware, 1 representative from the Public Defender's Office, and 7 at large members (1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 1 person from a law enforcement agency other than the State Police, and 4 persons from the child protection community. The agency also sits on and responds to findings and recommendations of the Maternal and Child Death Review Commission.

Stakeholder meetings are held semi-annually. Surveys and focus groups provide community input on child and family outcomes and systems during CFSR and CFSP self-assessment phases. Family Court and foster care agencies participated in CFSR PIP activities and reporting. Input is gathered from the youth engaged in the Youth Advisory Council, recently renamed by the youth to HOPE (Helping Our Peers Evolve), to help improve the system and services for youth and understanding their needs and struggles. Delaware recently initiated a system questionnaire as part of the case review process to gather input from parents, youth, and caregivers during case review interviews to try to increase our lived experience feedback.

Foster and Adoptive Parent Licensing, Recruitment and Retention System

Delaware's "Foster and Adoptive Parent Marketing, Recruitment and Retention Plan" strategically targets three areas: increase the number of new homes, retain good quality foster families, and develop or recruit for youth with complex needs. This plan also aligns with concerns from stakeholders regarding the lack of therapeutic foster care resources, particularly for special needs children. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware continuously evaluates the needs of children and adjusts the recruitment, support, and development strategies. DFS recently put the full array of foster care placement services out for bids and is currently doing contracted negotiations to strengthen the foster family agencies that recruit, and licensing half of the foster families used in Delaware. A foster care management reorganization is underway within DFS to help dedicate staff to the licensing, recruitment, and retention of state foster families along with a new contractor for recruitment that started in 2023. Renewed efforts to strengthen existing foster families and recruit new ones that can manage the increasing challenging children needing foster care placement is underway.

In Delaware, families can become foster parents through DFS (public) or through a contracted child placing agency (private). Both public and private licensing practices have equal minimum licensing standards that aligned with national standards set forth by the Administration for Children and Families (ACF) in the National Model Foster Family Home Licensing Standards. Delaware also has a provisional approval of relative or non-relative placement providers that are not licensed with standard criteria and are considered worker approved placement providers. These providers are often referred to the Kinship Navigator Program and offered the opportunity to pursue being licensed as a foster parent. The Kinship Navigator program is

managed by a contracted provider, Children’s Choice, that also managed foster and adoptive families. Children’s Choice used the recently rated KinTech model for Kinship services.

All licensed providers managed by the state or private agency are required to have fingerprinted background checks for resource parent applicants and all adult household members. This provides for the criminal background, Adam Walsh clearance and Child Protection check by the Department’s criminal history unit. Subsequent arrest are reported almost immediately for appropriate action. All worker approved placement providers have a background screening.

Delaware has approximately 400 active foster homes split between state and child placing agency oversight. DFS recruits and supervises foster homes under internal policy and procedures and has two statewide foster care coordinator units. Pre-service training, in-service training and home studies are provided by community agency contractors. Child placing agencies operate under license and requirements of DELACARE Regulations administered by the Office of Child Care Licensing. Delaware uses foster and adoptive parent input to form in-service trainings offered to all private and agency foster parents. Prevent Child Abuse Delaware is the community-based provider of pre-service and in-service foster parent training. DFS maintains a five-year Foster and Adoptive Parent Marketing, Recruitment and Retention Plan (MRRP) (see attachment- *DFS Foster and Adoptive Parent Recruitment Plan 2023*) which outlines the ongoing efforts of the Division to ensure there are an adequate number of families available and able to care for the diverse population of children in Delaware who are removed from their homes until they can safely return. DFS has contracted with a new recruitment agency to support the MRRP and is currently refreshing contracts with placement providers to increase and improve placement resources. Efforts are underway with the FOCUS development team on a recruitment portal that will improve the process of onboarding a new foster family as well as provide more direct real-time interactions with the prospective foster parents and existing foster parents and the state.

Delaware utilizes national adoption exchanges such as Adoption Center, AdoptUSKids, A Family for Every Child, and the Delaware Heart Gallery in order to utilize cross-jurisdictional resources for permanency. DFS works closely with the Interstate Compact on the Placement of Children (ICPC) office in order to join children from Delaware with family members in other states. In addition to utilizing national exchanges, the Division has partnered with the Dave Thomas Foundation for Adoption (DTFA) and posted a Request for Proposal (RFP) on April 14, 2023. The purpose of the RFP is to award one or more contracts to provide evidence child – focused recruitment service model to identify legal and relational permanent resources for foster children with a plan of adoption, guardianship or another planned permanent living arrangement (APPLA). The successful bidder will partner with the Dave Thomas Foundation for Adoption (DTFA) and the Division to hire and train three (3) Wendy’s Wonderful Kids (WWK) child focused recruiters and implement the WWK child focused, evidence -based recruitment model.

III. Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes (2020-2024 CFSP progress)

Delaware continues to work on the objectives laid out in the 2020-2024 CFSP that was developed based on the CFSR Round 3 results and PIP efforts with some adjustments to the benchmarks, timeframes and measurements. Delaware has a strong CQI team that has been coordinating specific workgroups to target evaluation, recommendations, and action for different areas of need in the system. Delaware completed a thorough review of the AFCARS file going back to 2018 when the FOCUS system went live and was able to successfully complete a resubmission to improve data quality on our data profile in preparation for the CFSR Round 4. The CQI Manager is actively involved with the project and takes the observations learned from the evaluation of the files including NYTD and NCANDS back to the CQI Steering or subcommittees to strategize corrective actions. This procedure has helped to enact efforts of improvement quickly and with a collection of interested participants.

Delaware collects and reviews race and ethnicity data across the system and is aware of the racial disparity in Delaware's child welfare compared to the general population. The child welfare community is committed to finding ways to address this with renewed direction from the Federal Government to advance racial equality and support for underserved communities. Delaware invites the federal partners to assist with identifying strategies to build on known areas for improvement and analysis areas of system inequality.

Revisions to Goals, Objectives, and Interventions

A revised 2020-2024 Child and Family Services Plan, 2024 edition, is being submitted with this APSR. Edits include deletion of completed benchmarks, revised timeframes and new benchmarks. This document uses the 2023 version to report progress. (*See Attachment: Delaware CFSP 2024 Edition.*)

Implementation & Program Supports

Since the pandemic the Division has been struggling with workforce instability due to staff turnover both internally and with our provider and resource community. When the Division's vacancy rate for frontline positions climbed to 50%, DFS leadership developed a response plan leveraging all staff, including administrators from both operations and program arms of the Division. The senior leadership and administrative team put a plan together to review and triage active and incoming investigation cases using existing case review tools utilized in group or team model. The goal was to support frontline staff and supervisors with the burgeoning workload and clarify, streamline and in some case sharing case processing and family engagement activities required to meet the requirements, mandates and needs of the children and families we are serving. During this time, we have prioritized support to the frontline which has resulted in less time and attention to program and policy enhancements and support. Since the fall of 2022, there have been several iterations of this response plan and the senior leadership administrative team has pivoted several times and made adjustments and targeted changes to the plan and activities. As we continue to adapt to this workforce deficient climate, the team continues to look for opportunities to support the frontline but also regain capacity on our programming and policy side. Despite the current climate and challenges, the team has made progress on several plan items.

Structured Decision Making® (SDM®) Fidelity: The Division continues its engagement with Evident Change to work with the SDM® Fidelity team around the SDM® screening tools, definitions and practice enhancements. Current support from Evident Change is the case reading training and manual. This is expected to be delivered in 2023 and is intended to strengthen the CQI system through training and implementation of fidelity case reviews. Evident Change is also working with the DFS SDM® Fidelity team around SDM® tools, definitions, and practice enhancements.

FAIR expansion (Differential Response): The Division responded to the need and opportunity to enhance differential response and utilized ARPA funds to implement an additional case capacity expansion of external FAIR. Full implementation has experienced some delays due to contractor staffing challenges. Internal differential response pathways also faced challenges this year primarily due to workforce instability. Due the need to better organize and support the workload and assignments of remaining staff in light of the high vacancy rates, DFS has temporarily reorganized case assignments into just one pathway, investigations. We continue to monitor caseload and staffing and work towards opportunities to revert to two full pathways.

FOCUS (information system): The Department continues to work toward CCWIS compliance with system enhancements and consultation. An internal Department FOCUS team was established to streamline responsiveness to system usage issues and provides continually updated user manuals and quick reference guides along with regular refresher trainings that are available live and on demand through the Delaware Learning Center. To support efforts last year, system improvements for intake, reducing entry duplication as well as several DFS enhancements across the system were deployed. The Provider Portal became operational and DFS continues to work on getting contracted providers in the portal and improving their usability. AFCARS 2020 file was successfully completed and submitted. Plans for the coming year

include continued work on the provider portal, completion of the foster and adoptive parent recruitment portal and enhanced analytics will be deployed. The Department will continue to review and update the federal files for NCANDS, NYTD, MCV and AFCARS 2020. These system improvements strengthen the existing foundation for data informed practice.

Trauma-Informed Care: DSCYF has an active and engaged Trauma-Informed Care Committee (TICC) that includes representatives from each of the four divisions. The work of the TICC began in 2013 and was bolstered in 2018 when Governor Carney issued [Executive Order #24](#) affirming Delaware’s commitment to trauma-informed care.

DSCYF has prioritized trauma-informed care in the strategic plan and the Trauma-Informed Care Committee has developed their own strategic framework that emphasizes workforce skill development, employee wellness, and external partnerships. This framework aims to move DSCYF closer to realizing the goal to be a fully trauma-informed system. Although there are individuals and functional areas that are trauma-informed, as a collective department, we have assessed our current level to be at trauma-sensitive and we are working to advance our collective level to trauma-responsive. The strategic framework for the TICC includes the following goals:

- A DSCYF workforce that has the knowledge and skills to engage with youth, families, colleagues, and partners using a trauma-informed lens and strength-based strategies to promote resilience and self-efficacy.
- Communication that promotes a trauma-informed environment and fosters a sense of safety, trust, and transparency.
- Workforce wellness and satisfaction is improved.
- Partnerships are leveraged to support a trauma informed DSCYF and Delaware.

The DSCYF TICC has developed training curricula, tools, and resources to embed trauma-informed principles and practices into our work with children and families. The TICC has developed a series of courses to increase staff awareness about adverse childhood experiences and the impact adversity and toxic stress have on child development and outcomes throughout the lifespan, including negative health, social, and opportunity outcomes. The curricula include short webinar topics, full-day training for case managers and supervisors/managers and a course for all DSCYF staff to promote a trauma-informed workplace for all employees. In addition, the TICC has developed performance planning competencies that are incorporated into all DSCYF employee performance plans based on their role within the organization and a bank of interview questions to help hiring managers identify competencies that support our trauma-informed workplace when interviewing prospective staff.

The TICC provides regular communication to DSCYF staff through an electronic newsletter and other email communications. The TICC shares information about national and local training opportunities, new research, resources, and information about self-care and resilience for staff. The TICC has representation on the DSCYF Policy Committee and uses a trauma lens to guide recommendations on policy and practice as appropriate.

State’s training & technical assistance to regional offices

Delaware is a state-run child welfare system that supports 5 regional offices and 1 central administration office. To identify support and training needs, there are monthly program, operation, and strategic leadership meetings as well as bimonthly functional meetings with supervisors and a quarterly all management meeting. This allows DFS to hear and take action on concerns from programming, policy and operations. Below are some highlights of training and supports offered on key subjects, for the full array of trainings offered by the Center for Professional Development (CPD) and the Program Team. (see attachment: *Staff Training Chart FY2023*)

Staff Development and Coaching: The Division revisited and reviewed our strategies related to ongoing staff development and coaching. Our Strategic Leadership team established a training subcommittee that will review DFS specific training strengths and needs and will develop recommendations for adjustments or enhancements. An early recommendation from the committee was to develop a stratified curriculum that would provide levels of trainings grouped together for beginner, intermediate and advance practice staff, allowing staff to matriculate through the levels advancing their skills and expertise as they advance through the career ladder. The levels are still under development therefore final recommendations are forthcoming. In addition, the committee is analyzing existing coaching opportunities, such as our practice coaches and coaching units and determine strengths and opportunities for enhancements that could further support and strengthen staff skill development and deeper practice.

Topic Driven Presentations: DFS implemented “Lunch & Learn” and “Morning Buzz” as training opportunities on a variety of topics identified at various meetings or workgroups, during case reviews and from CQI groups as areas of interest or areas of concerns. The sessions are an hour-long over lunch or first thing in the morning and consist of either a presentation by a group or service or a mini training to bring better awareness to staff. All Department staff are invited to attend and the DFS Director encourages participation. Staff can also recommend topics which are added to a master calendar for sessions a couple times a month.

Family Team Meetings (FTM) and Collaborative Planning: This training started in the fall of 2018 and is offered three times a year or as needed. It is part of the New Worker Training series. This training enhances Safety Organized Practice skills to help families identify their network and team with families to plan for safety, permanency, and wellbeing. Frontline staff, supervisors, and community providers for all program areas participated in Family Team Meeting and Collaborative Planning Training. A special FAIR training was developed to familiarize FAIR staff with the application of Family Team Meetings (FTM) in a FAIR case setting. With the focus on family engagement, FTMs are particularly well-suited to assist FAIR case managers in assessing child safety, goal setting, and creating support networks with families.

CSE-IT (Commercial Sexual Exploitation – Identification Tool): CSE-IT is a tool developed by Westcoast Children’s Clinic in California. Delaware started using this tool in November 2021 with a pilot group of departmental staff to help identify concerns for juvenile trafficking. Delaware DFS is adopting this tool for use by our Intake, Investigation/FAIR, Treatment, and Permanency staff. Case managers from YRS and PBH are also utilizing the tool when a youth has been identified as Dual Status. In June 2022, Westcoast Children’s Clinic trained approximately 25 case managers across the department to train CSE-IT to all case managers. The plan is to continue to offer the training to new staff by the trained case managers.

MDT MOU Refresher Training: The Intake and Investigation program manager trained all staff on the MDT process as a refresher to investigation training and working with the MDT. Training included information about DFS’s role in the MDT, updated MOU requirements, especially pertaining to the Juvenile Trafficking Protocol, and other elements of child abuse investigations, such as victim and perpetrator interviews, safety assessments and agreements, assessment of siblings, and documentation.

Center for Professional Development Training

The CPD training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E. There are several benchmarks in the CFSP that have detailed progress reports below and details regarding the variety of trainings offered to staff are including in the training attachments.

CPD provides competency-based training to caseworkers, supervisors, and administrators as well as to DFS contracted in-home service providers to promote and support best practices and integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly, adding courses to improve staff competencies. (*See Attachment: Staff Training Chart FY2023*)

Technical assistance and capacity building needs that the state anticipates in FY 2024 in support of the CFSP/CFSR goals and objectives.

Delaware has been actively working with the Children's Bureau Region 3 staff in preparation for and participation in the CFRS Round 4. Part of the monthly discussions have included technical assistance and capacity building supports. Delaware has been doing significant work on improving the youth advisory council to get a strong youth with lived experience voice integrated into the CFRS and CFSP. Delaware is in the process of the case reviews that will finish the Round 4 CFRS process in October 2023, at which time Delaware will be preparing the PIP for submission in the early part of 2024. It is anticipated the continued technical and capacity building support will be considered for the coming year. Delaware has historically had trouble getting feedback of the parents or adults involved with the division. We are interested in strategies to engage parents. Staffing continues to be a challenge to supporting the goals and objectives, so any assistance in that area would be appreciated.

2020-2024 Child and Family Service Plan, Progress Report for 2023 Edition

Based on the assessment of outcomes and systems using internal metrics, stakeholder comments, and federal vision, the following goals and objectives were established for 2020-2024. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions must include the family and youth voices. Child welfare systems are strongest when partners share common vision, goals and resources. A skilled and experienced workforce is a core infrastructure to improving outcomes for children and families. A strong child welfare system uses continuous quality improvement to evaluate performance, guide practice and develop service array. Based on progress and program adjustments, Delaware updates the Child and Family Services Plan each year. This section reports progress on the FFY2023 edition of the 2020-2024 CFSP.

Safety

Goal: At-risk children are safe and protected

Rationale: Child safety is the prime priority for Delaware's child welfare system and a core component of the agency's mission. Delaware has a history of low rates of recurrence of maltreatment and maltreatment in foster care. Initiating investigations within Delaware's response categories and interviewing all parties per policy was a weakness in the 2015 CFRS and a struggle to correct during the PIP 2-year implementation period. The April-September 2018 Onsite Review Instrument (OSRI) results for Item 1: Timeliness of initiating investigations of reports of child maltreatment find 71.43% of cases rated strength, below the 2015 baseline of 81.08% and the improvement goal of 89.3%. Stakeholder input indicates Family Services' response to reports are a strength. Family Services has internal investigation quality assurance case reviews. For CY2018, reviewers agreed 86% of safety and risk-related responses followed policy and implemented activities to keep children safe. Family Services has an initial investigation interview timeliness report which finds 86% of investigations comply with assigned response times for CY2018. Multiple process components contribute to OSRI and investigation case ratings while the system generated initial investigation interview timeliness report is based on a response category, assignment date and completed date field evaluation. Priority is given to urgent responses which places lower priority response times in jeopardy. Delaware is committed to strong safety outcomes for at-risk children and will make improvements to processes and workforce contributing to weak OSRI performance.

Measure: OSRI case review performance is the primary measure for this goal: Item 1: Timeliness of initiating investigations of reports of child maltreatment. Component measures are the investigation quality assurance case reviews and the initial investigation timeliness report. The goal for OSRI Item 1, Investigation case reviews and Initial Investigation Interview timeliness are all 95%.

Performance:

Delaware meets national performance standards but continues to fluctuate on meeting the Delaware CFSR Round 3 Baseline for both Safety outcome 1 and 2.

	National Performance	Delaware Baseline	Delaware OSRI Case Reviews (n=90)			
			2015 Round 3	April - Sept 2021	Oct 2021- March 2022	April - Sept 2022
Safety Outcome 1	73%	81%	80%	86%	78%	79%
Safety Outcome 2	66%	91%	78%	68%	73%	70%

OSRI Safety Outcome 1, Item 1: Timeliness of investigation, case review results show that Delaware’s performance has fluctuated over the years since the PIP. The baseline performance in 2015 was an 81% strength rating. During Delaware’s PIP, we had a drop and then steady improvement. Since the close of PIP, Delaware again demonstrated a drop in performance with a recent show of improvement. Data during the PIP Period 3 could not be used due to quality issues that were resolved.

OSRI Case Review Measures- Item 1: Timeliness of Investigation		
Measurement Period	Strength Rating	
Baseline performance 2015	81%	
DE PIP Period 1 (Apr 2018 – Sep 2018)	71%	Drop
DE PIP Period 2 (Oct 2018 – Mar 2019)	73%	Improvement
DE PIP Period 3 (Apr 2019 – Sep 2019)	Data Quality Issues	
DE PIP Period 4 (Oct 2019 – Mar 2020)	80%	Improvement
DE PIP Period 5 (Apr 2020 – Sep 2020)	90%	Improvement/Achieved goal
Oct 2020 – Mar 2021	86%	Drop/Achieved goal
Apr 2021 – Sept 2021	80.48%	Drop
Oct 2021 – Mar 2021	86.36%	Improvement/Achieved goal
Apr 2021 – Sep 2021	80.49%	Drop
Oct 2021 – Mar 2022	86.36%	Improvement/Achieved goal
Apr 2022 – Sep 2022	77.50%	Drop
Oct 2022 – Mar 2023	78.72%	Improvement

Looking at yearly Initial interview aggregate reports, Delaware was showing improvement in performance from 2019 to 2021, but a drop during the last year likely because of the 50% functioning staff capacity.

Yearly Aggregate Reports			
Time	Completed initial interviews	Percentage on time	Goal of 95%
CY2019	7,360	86%	Not Met by 9%
CY2020	5,477	91%	Not Met by 4%
CY2021	6,742	93%	Not Met by 2%
CY2022	6,767	90%	Not Met by 5%

Objective: Ensure initial investigation timeliness by using data reports and case review findings to monitor compliance at the state, region, team and caseworker level. Provide contact due reports at regular intervals. Ensure quality of initial contacts per policy, OSRI and best practice standards.

Rationale: Management of timeliness and quality of initial investigation contacts is vital to child safety at the case and system level. Delaware has the capacity to produce performance and due date reports to monitor and ensure timeliness of initial investigations. High caseloads and workload issues also contribute

to decreased timeliness of initial investigation contacts and to decreased quality of initial contacts and will be addressed in another section of the plan.

Outcome: Timely and quality initial investigation contacts improve child safety.

Benchmarks:

1. Intake and Investigation Program Workgroup and FAIR Expansion Workgroup to monitor quality of contact with OSRI case reviews by producing quarterly/semi-annual/annual reports of Item 1: Timeliness of initiating investigations of reports of child maltreatment. Issue case specific reports to assigned supervisors and caseworkers.

Timeframe: January 2023

Measure: Documentation of monitoring of OSRI Item 1: Timeliness of initiating investigations of reports of child maltreatment and actions taken to improve distribution methods.

Progress Report:

This benchmark has been achieved in part and is pending in part. Although investigation initial contact reports of high-level information, including case identifiers and case-specific reports, are distributed to administration, regional administrators, and assigned supervisors and caseworkers, the responsibility for disseminating and analyzing the information has not yet shifted to the investigation program workgroup. With the expansion of differential response in CY20, one of the anticipated outcomes was improved timeliness of initiating investigation/assessment of reports. In order to assess this possible outcome, the FAIR Expansion Workgroup, which met quarterly, examined this data as it relates to the initiation of FAIR cases, and initial data suggested that restructuring of assignments of front-line staff had a positive impact on workers' ability to initiate FAIR cases in a timely manner. According to reports pulled from FOCUS, in FY20, Delaware's timely FAIR initiation rate was 85%; in FY21, this rate increased to 87%. Furthermore, data suggests that restructuring of staff also had an even more significantly positive impact on timeliness of traditional investigation initiation. In FY20, Delaware's timely investigation initiation rate was 86%; in FY21, this rate increased to 96%. Overall timeliness was 95%. Unfortunately, due to staffing shortages and operational necessity, the practice of assigning cases to an internal FAIR pathway was suspended in FY22, and investigation assignments ceased to be structured according to response time. This may have contributed to lower performance in the area of timely contacts. In FY22, Delaware's timely FAIR initiation rate was 85%; the timely investigation initiation rate was 94%. Overall timeliness was 91%. It is anticipated that the Intake and Investigation Workgroup will be able to begin reviewing this data when the current staffing crisis resolves. The timeframe is revised to January 2024.

2. Strategic Leadership Team to use data from contact reports and OSRI case review reports to drive compliance to policy and ensure safety by analyzing performance factors, informing training, providing feedback to supervisors and caseworkers, and publicly recognizing good performers.

Timeframe: January 2021 and ongoing.

Measure: Documentation of reports and meeting notes recognizing performance, areas to improve, interventions and training implications.

Progress Report:

This benchmark is an ongoing effort. Strategic Leadership team continues to meet monthly. Discussions are organized under the following overarching subjects: Safety, Wellbeing, Permanency, Workforce, Service Array and CQI. Data from contact reports as well as information from ongoing CQI case reviews identify areas where DFS is generally doing well and areas needing improvement. SLT

discusses and determines next steps on areas needing improvement and identifies individuals to spearhead those next steps.

CQI continues to send Kudos to staff and their management stream for cases in which a strength rating is substantially achieved. Initial contacts in investigation timeliness report is sent to the Regional Administrators (RAs) every Monday, and RAs report weekly progress to the OCS Administrator on Fridays. Staff are recognized by their RA and Assistant RA (ARA) for good performance. Contact reports on treatment cases are sent twice a month by the OCS Administrator, with recognition for staff who are meeting the requirement for seeing families every month and identifying families who need to be seen each month. In both of these instances, individual case reviews are completed when cases are substantially out of compliance with timeliness. Individual coaching/training is provided. This timeframe is an ongoing effort or monitoring and support.

Objective: Sustain SDM® with fidelity by establishing a process to measure fidelity and by using case review findings to address timeliness, compliance with policy, and compliance with SDM® tools.

Rationale: The SDM® suite of tools is an evidence-based methodology for improving child safety and family outcomes. DFS has a Fidelity Team in place, charged with monitoring SDM® fidelity to protect against practice drift, to ensure the correct application of definitions, and to recommend changes to the definitions when necessary due to statutory or policy changes. Currently, FOCUS only implies fidelity based on timeliness of completion of the tools. A more comprehensive review of the use of the tools is necessary to ensure fidelity. Additionally, in 2019 the rate of use of discretionary overrides in the SDM® Screening Assessment was 17.5%, which could indicate that the current definitions do not match practice, policy, or statute. Also in 2019, the recommendation in the SDM® Risk Assessment is currently overridden at a rate of 3%. (Corrected from 33%, June 2020) Additional analysis of the definitions is needed so that staff can use the tools with fidelity and without undue use of the discretionary override function. Regional RED (Review/Evaluate/Decide) teams, staffed by workers of all functions and at all levels, also function to screen intake reports in and out and to determine pathway (differential response vs. traditional investigation), and additional analysis and training is needed in order to ensure a high level of fidelity to the tools.

Outcome: Sustain low rate of repeat maltreatment by accurately assessing and intervening for child safety and risk factors.

Benchmarks:

1. The SDM® Fidelity Team will conduct case reviews of a random sampling of cases and assess for accurate use of the SDM® tools. Consider using a portion of the same cases selected for the OSRI case reviews each quarter. Produce quarterly reports and issue case-specific reports to assigned supervisors and workers.

Timeframe: June 2022 and ongoing

Measure: Documentation of production and distribution of case review results.

Progress Report:

This benchmark is still in progress. The program team and Fidelity Team has been doing case reviews and training and support for staff to do the SDM® tools to fidelity. At the request of the Fidelity Team, Evident Change has contracted with DFS to provide training for case reviews/readings. The training contract includes a module on Case Reading Training and Policy, which the Fidelity Team hopes to implement statewide at the regional level. Training is projected to begin in the late spring/summer of 2023. The team is considering a model of case review that involves the QA team, administrators, peer coaches, and supervisors in monthly case reviews. This training was delayed in order to provide

supervisor specific training related to the use of SDM® and Safety Organized Practice to prepare them to support the effort. The benchmark's timeframe is revised to June 2023 and ongoing.

2. The SDM® Fidelity Team will review SDM® definitions annually for clarity and to ensure that they continue to meet DFS' statutory and policy requirements. Produce reports from FOCUS based on typology at intake to measure how often discretionary overrides are used in the SDM® Screening Assessment and to determine if overrides are more frequently associated with certain types of reports. Produce reports from FOCUS to assess how often the SDM® recommendation is overridden in the SDM® Risk Assessment tool. Provide reports to supervisors and staff.

Timeframe: June 2020 and annually.

Measure: Documentation of SDM® Fidelity Team review of definitions and actions taken. Fidelity Team to document distribution of reports to supervisors and workers.

Progress Report:

This benchmark is still in progress. During CY2021, with assistance from Evident Change, Fidelity Team reviewed and updated the human trafficking definitions within the SDM® Intake tool, and the SDM® Policy and Procedures Manual was updated accordingly. The human trafficking definitions were updated to correspond with best practices and changes in the Division's trafficking policy. Additionally, the SDM® Caregiver Safety Assessment tool was updated in conjunction with the SDM® certification process being conducted by Evident Change. Staff received training regarding these updates and enhancements during the early part of CY2022, and training continued throughout the year. Also in CY 2022, Evident Change and the Treatment Program Manager reviewed the SDM® Reunification Reassessment and made significant changes to the tool and policy. Changes were approved by the SDM® Fidelity Team. Updates were made in FOCUS to reflect the changes to the tool. The tool is in the process of being certified by Evident Change. Staff have received a training manual on use of the tool and further training will be provided.

During CY22, Fidelity Team took a close look at the SDM® household definitions and the SDM® "risk of" definitions and started piloting new "risk of" definitions through an administrator-led RED team. The need to update the household definition was identified through discussion at Investigation Workgroup, in which staff expressed ongoing confusion about how to identify which household should be receiving SDM® assessments. The decision to revise the "risk of" definitions and pilot new definitions was made in response to the increasing numbers of cases in which DFS did not have a clear role and in which impact to the child was not clear. These cases were found to be bogging down the system and contributing to elevated caseload sizes. Evident Change is currently evaluating the revised definitions, as well as working to define households in a more clear and concise way.

SDM® intake fidelity is monitored by reporting discretionary overrides by typology to the Intake and Investigation Program Manager and regional administrators who share with supervisors and workers. In FY2022, DFS completed 23,706 hotline reports—2,286 or 9.6% of which had a discretionary override, a steady rate compared to FY2021, in which 9.5% of hotlines had a discretionary override. Breaking these down by final SDM® decision, of cases that were overridden from a screened-out to a screened-in disposition, 9.2% or 211 had no maltreatment type selected, 9 were physical abuse, 6 were neglect, 3 were sexual abuse/exploitation, 1 was emotional abuse/neglect, 1 was dependency, and 1 was infant with prenatal substance exposure. Of cases that were overridden from a screened-in to a screened-out disposition, 1.0% or 23 had no maltreatment type selected, 24.4% or 558 were physical abuse, 31.5% or 719 were neglect, 12.7% or 291 were sexual abuse/exploitation, 16.9% or 386 were emotional abuse/neglect, 2.5% or 57 were dependency, 7 were death of child, 8 were infant with prenatal substance exposure, and 5 were trafficking. (NOTE: The category of "no maltreatment type selected" is related to a practice error. When an intake worker selects "SDM® not required" and elects

to screen out the report, the primary allegation is left blank. If, however, the supervisor chooses to override this decision and screens in the report, the investigation is initiated but the SDM® tool may not have been completed. The correct practice in this circumstance is for the supervisor to send the SDM® tool back to the intake worker for completion.)

A report of SDM® recommendation overrides in the SDM® Risk Assessment tool is in production. The report is distributed to the Intake and Investigation Program Manager and regional administrators who share with supervisors and workers. In FY20, the SDM® Risk Assessment tool was completed on 4,369 cases, and discretionary overrides occurred in 144 or 3.3% of these risk assessments. In FY21, the SDM® Risk Assessment tool was completed on 3,632 cases, and discretionary overrides occurred in 87 or 2.4% of these risk assessments. In FY22, the SDM® Risk Assessment tool was completed on 2,856 cases, and discretionary overrides occurred in 59 or 2.1% of these risk assessments. This rate is well within the overall goal of 5% or less and has remained consistent since 2018. (NOTE: In the original CFSP rationale statement, the percentage of overrides used on risk assessments was mistakenly provided as 34%, is actually 3%, and has been corrected).

A related data point is the use of discretionary overrides in the case disposition. The SDM Risk Assessment tool provides a recommended disposition, in response to the risk rating. In FY22, 13.4% of SDM® case disposition recommendations were overridden, which is outside of the accepted range of 5-8% but consistent with last year's performance. In FY21, 13.7% of SDM® case disposition recommendations were overridden. This represented a slight decrease in overrides; however, over the previous few years, the override rate has remained fairly stable. In FY20, 14.1% of SDM® case disposition recommendations were overridden. In FY19 the investigation disposition override rate was 13.1%, and although the rate in FY18 was only 6.6%, this aberrantly low rate may be attributable to errors in the data collection system at the time. As the Fidelity Team continues to review and analyze the definitions, it is hoped that staff will feel more confident using the tools with fidelity, and the use of discretionary overrides will decrease. The training contract with Evident Change is also expected to address this trend. Fidelity Team will continue to run reports periodically, subsequent to revision of the definitions in each of the tools, to monitor the use of overrides. This benchmark's activities are ongoing.

DFS has been working on certifying the SDM® tools in FOCUS which has led to intense review of the tools and their use. Recent certification involved the SDM® Reunification Reassessment. DFS is working with Evident Change to update definitions and the tool. This process is ongoing. At this time there are no reports on the Risk Reassessment or Reunification Reassessment being provided to supervisors and staff. Once the tools are certified and updated in FOCUS, work will begin on validating reports for these tools. This benchmark's timeframe is ongoing.

3. SDM® Fidelity Team to conduct quarterly second-level reviews of cases reviewed by RED teams and assess for accurate use of the SDM® Screening Assessment and appropriate application of the intake definitions.

Timeframe: January 2021, currently suspended.

Measure: Production and distribution of quarterly reports and use data from the reports to inform RED team training.

Progress Report:

This benchmark is still in progress. DFS suspended RED teams a few years ago to streamline the intake process and improve the quality of decisions made by intake staff. However, in CY22, RED teams were reintroduced in two different capacities. The first is twice-daily RED teams, which were initiated first in our New Castle County office and later statewide to give staff the opportunity to receive case direction once a response is made on a FAIR or investigation case. These RED teams are staffed by central and regional administrators, regional administrators, and supervisors. Sue Lohrbach's Case

Consultation Framework is used to structure the meetings, and recommendations are made for next steps. Due to staffing shortages and caseload crises, RED teams in New Castle County have again been suspended, in favor of administrative case review teams. However, Kent and Sussex Counties have continued to build their capacity to run RED teams. In May and June of 2022, when this data was being tracked in New Castle County, 252 cases were reviewed by RED team. Statewide, for CY2022, 1,696 cases received some type of group supervision Framework, many of which were done during a RED team. The second use of the RED team format, which was initiated in September 2022, is Administrative Risk of RED Team. This team is comprised of the DFS Director, Deputy Director, OCS Administrator, and Intake and Investigation Program Manager and meets every morning to review all screened in “risk of” reports. The purpose of this RED team has been to pilot new revised versions of our SDM® “risk of” definitions, hoping to focus our staff, time, and resources on those families who will most benefit from our intervention. To date, since this RED team began its operations in September 2022, 667 reports have been reviewed. Of these, 465 were determined not to meet criteria for screening in, and 205 or 31% were screened in for DFS response. RED team found that 35, or 17%, of the screened in reports were screened incorrectly as “risk of” and met criteria for other maltreatment types. RED team has referred 29 screened out reports to other services (PSSF, post adopt, school FCT, adult protective services, DV liaison). The plan is eventually to transition this RED team to include regional administrators and staff, once the “risk of” definitions are finalized. This benchmark’s timeframe is revised from suspended to active and ongoing.

Objective: Implement a prevention pathway at intake to respond to low-risk reports that do not meet criteria to be screened in by the SDM® Screening Assessment for a DFS response.

Rationale: For FY2018, DFS received 20,419 reports to the hotline; of those reports, only 8,642 were screened in and received a DFS response, either through the differential response pathway or by the traditional investigation pathway. The remaining 11,777 reports, or 58%, were screened out and received no services because the allegations in the report did not meet criteria to be screened in. However, although DFS does not have a system for tracking allegations in screened out reports, many of the screened-out reports were made because there was a concern about a level of neglect. In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent deeper involvement with the child protection system. Data on the national level reflects that neglect is the most prevalent form of child maltreatment, and between 85% and 87% of children in foster care entered the system because of concerns about neglect. However, when families receive appropriate early prevention services, the incidence of future maltreatment may be reduced. Prevention is also much less costly than dealing with child maltreatment. Data compiled by Prevent Child Abuse America in 2018 shows that in other jurisdictions, such as Alabama, the cost of prevention per child was \$8, compared to \$175,000 per child to deal with maltreatment. Another national study found that for every dollar invested in the foster care system, there was a negative return on that investment of -\$9.55 (Alia Innovations). Implementation of a prevention pathway response to address low risk reports shifts energy and resources to preventing maltreatment and entry of children and families into deeper level services.

Outcome: Access to early prevention services at intake improves child safety, reduces the future occurrence of maltreatment, and reduces entry into foster care.

Benchmarks:

1. The Intake and Investigation Program Manager will form a workgroup to consider what types of screened out cases would qualify for a prevention pathway response. Analyze the data to determine patterns or types of screened out reports which later result in assigned cases. Also consider data from other sources, such as other states, the Annie E. Casey Foundation and National Council on Crime and Delinquency (NCCD).

Timeframe: January 2023

Measure: Production and distribution of reports describing the data analysis, findings and recommendations.

Progress Report:

This benchmark has been met. Partial funding for a prevention pathway was included in the Department's budget initiative for SFY2024, and in partnership with Prevent Child Abuse Delaware (PCAD), approval has been given to release a joint RFP to secure a contractor to provide prevention services. Preliminary planning activities have included development of criteria, including report typology, for inclusion in this new contracted program. Delaware has had extensive consultation with Minnesota child welfare professionals, who have been using CBCAP money to fund a prevention pathway response, the Parent Support Outreach Program (PSOP), for several years. The intention is to funnel screened out cases, meeting a defined threshold, to the prevention service and thus reduce the likelihood of future involvement in the child welfare system. It is anticipated that the RFP for this service will be released late Spring/early Summer 2023 and that a contractor will be selected by Fall 2023. This benchmark is going to be removed and a new benchmark for the implementation of the Pathway One contracted prevention services and continued partnership with the CBCAP agency, PCAD. Timeframe is service delivery by January 2024 and measure will be referrals to the contractors and contact and outcome reports from the provider.

2. The Intake and Investigation Program Manager to lead research of prevention services offered in other jurisdictions at intake. Collect data on best practice and evidence-based models proven to reduce recidivism. Consult with sister divisions within the department, particularly with the Division of Prevention and Behavioral Health Services, to determine if the department already possesses the capacity to offer a prevention service at intake. Use this data to select a prevention response.

Timeframe: April 2023

Measure: Documentation of reports describing research, findings, recommendations, and actions taken.

Progress Report:

This benchmark is completed. Initial research yielded some general information about chronic neglect but little in the way of specific programming or practice models, and after consultation with other child welfare professionals in Delaware and with the Annie E. Casey Foundation, the conclusion is that specific models and programming to address neglect are lacking nationally. Some preliminary information was gathered through a contact in Monterey County, CA about their prevention pathway for certain types of screened out trafficking reports, but more specific information about their programming is needed. The Intake and Investigation Program Manager connected with the State Liaison Officer in Minnesota to learn more about their Parent Support Outreach Program (PSOP), which is offered at intake to screened out families, and additional meetings were held, in conjunction with PCAD and the PSOP administrator, to gather data about their program. This data was used to create a budget request for similar programming in Delaware in SFY24. The Division met with administrators in our sister division, the Division of Prevention and Behavioral Health, to examine the way that Promoting Safe and Stable Families (PSSF) is currently being used in Delaware. It was found that this service, as well as a similar but differently funded service, Intensive Family Consultation (IFC), are underutilized, and a system was created whereby screened out reports meeting criteria are referred to these services either through a process of hand-selection by the Intake and Investigation Program Manager or through Administrative RED team. This benchmark is going to be removed as completed. A new benchmark is added to continue the collaboration with PBH regarding the Promoting Safe and Stable Families (PSSF) and Intensive Family Consultation (IFC) are better utilized by DFS families in partnership with the Pathway One contract with PCAD. Timeframe will be June 2024 and measure will be number of referrals and outcome reports.

3. Build the infrastructure necessary to support a prevention response. Agency leadership and Intake and Investigation Program Manager to request budgetary support and submit Requests for Proposals if the evidence-based service is to be provided by an external contractor. Consider departmental and community-based options to accommodate prevention referrals. Consideration will need to be given to building the appropriate tools in FOCUS, including altering the SDM[®] intake tool to accommodate prevention responses.

Timeframe: April 2023

Measure: Documentation of actions taken to support the provision of a prevention response.

Progress Report:

This benchmark is completed in part and pending in part. The Division intends to create a comprehensive prevention pathway, which will include both community-based Pathway 1 programming and departmental programming. Partial funding for a prevention pathway was included in the Department's budget initiative for SFY2024, and in partnership with Prevent Child Abuse Delaware (PCAD), approval has been given to release a joint RFP to secure a contractor to provide prevention services. The RFP will likely be released late Spring/early Summer, and it is anticipated that a contractor will be selected by early Fall. In addition to the community-based Pathway 1 contractor, the prevention pathway, which will initiate at the hotline, will also include referrals to Promoting Safe and Stable Families (PSSF), post-adopt services, and kinship services. Referrals will be generated through FOCUS, Delaware's CCWIS system, and providers will be expected to work within FOCUS. Preliminary action steps have been taken to start the process of building appropriate functionality within FOCUS to accommodate these needs. This benchmark's timeframe is revised to December 2023.

Objective: Expand the agency's differential response service array so that more families have access to an appropriate level of service from the agency and can be diverted from deeper end services within the child protection system.

Rationale: In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent entry into deeper involvement with the child protection system. Nationally, differential response has been shown to have a positive impact on child safety because the case worker's focus is on engaging the family in meaningful ways and implementing appropriate services more quickly, thus enabling families to keep their own children safe. Research also suggests that early intervention from a differential response program may reduce recidivism and prevent children from eventually entering the foster care system. Currently in Delaware, there are five differential response pathways: contracted adolescent FAIR, contracted domestic violence FAIR, contracted substance abuse FAIR, contracted Plans of Safe Care, and internal adolescent FAIR. Cases are selected for or excluded from each of these pathways based on varying sets of criteria, including maltreatment types and parental risk factors, with a focus on identifying and working with low risk cases to prevent future child maltreatment. However, with regard to contracted adolescent FAIR, data from CY2018 reflects that only 2% of children and youth were found to be victims in subsequent substantiated reports. Data also shows that 4.7% of children and youth who have had previous involvement with contracted adolescent FAIR have subsequently entered DFS custody. Additionally, the internal adolescent FAIR program has been successful on two fronts: first, in transferring fewer adolescent cases to DFS treatment, and second, in allowing the FAIR workers to spend time engaging with families by assigning predominantly Priority 3 (10-day response) cases. Because FAIR cases are not typically Priority 1s (24-hour response) or Priority 2s (3 day response), FAIR workers are able to move away from crisis intervention and engage more meaningfully with families. This results in more timely contacts, faster service implementation, and better outcomes for children. Expansion of differential responses will allow DFS to provide a response proportionate to risk level, diverting families from more intrusive, formal, or deeper end services.

Outcome: Families who are reported to the DFS intake hotline and are screened in for a response receive services proportionate to their need, thus improving child safety and decreasing future occurrences of maltreatment.

Benchmarks:

1. Intake and Investigation Program Manager will monitor newly awarded contract for “risk of neglect” cases to assess progress and outcomes of this services.

Timeframe: June 2023

Measure: Outcome data and referrals.

Progress Report:

This benchmark has been achieved. Children and Families First, who is the contracted provider of FAIR services for “risk of neglect” cases, as well as other case types, received a full contract monitoring in December 2021. Several strengths identified included timely initial contacts, use of technology to make quality ongoing contacts, child well-being factors addressed in the majority of cases, appropriate household members and caregivers identified and interviewed, and correct use of Structured Decision Making (SDM®) tools. Areas identified for improvement included service delivery not occurring biweekly at a minimum as required, the need to employ better family and child engagement strategies—such as SOP techniques, a lack of thorough documentation, inadequate supervisor case conferences, a lack of documented family agreements or family service plans, and inadequate use of flex funding to offset poverty-related issues. In response to these findings, the Division reiterated the contractual requirements of the use of progress notes to document service delivery and professional observations, documentation of RED team and supervisor case conferences in every case, and the presence of a family service plan in every case. To ensure progress in these areas, the Division has been meeting with the contractor on a regular basis (weekly-monthly) and has been monitoring additional cases on a monthly basis. These quality assurance monitoring activities will continue as long as the contract is in effect. This benchmark will be removed and a new benchmark to continue monitoring of the new “Risk of neglect” contract with Children and Families First for fidelity, case support and positive outcomes of families. Timeframe is June 2024 and measure is the risk of neglect referral report, contract information and outcome reports.

2. Expand internal capacity for FAIR cases. Intake and Investigation Program Manager to reconvene the FAIR Expansion Workgroup to address training needs and organization of the workforce to accommodate dedicated FAIR units. Consider assigning Priority 3 cases to a FAIR response track, including those requiring a Multi-Disciplinary Team (MDT) response and other case types.

Timeframe: December 2022

Measure: Documentation of DFS FAIR expansion.

Progress Report:

This benchmark has been met in part and is pending in part. The FAIR Expansion Workgroup reconvened August 8, 2019, and met monthly until mid-2022. Based on the findings of the data subgroup, which were consistent across the state with “Urgent Response” cases (P1s and P2s) comprising 40% of total intakes, and P3s comprising roughly 60% in each region, the decision was made that only cases of egregious harm, i.e., P1s and P2s, will receive an investigation, and all P3s, including those in which an MDT response is necessary, will be eligible for the FAIR pathway. A statewide FAIR expansion go-live date of February 1, 2020 was initially selected, but that date was moved back due to staffing and caseload concerns. The group decided that each region would need to have a minimum of 60% of their investigation staff on rotation before launching FAIR. Additionally, expansion at the beginning of 2020 was slowed due to the uncertainty created by the COVID-19 crisis,

and regional administrators were reluctant to introduce a new practice to an already-stressed workforce; however, Kent County took the lead in reorganizing their existing investigation staff into Urgent and P3 categories in order to begin the process of shifting the work, and P3 workers in Kent County started taking FAIR cases in July 2020. Around the same time, New Castle County's new dedicated FAIR unit became fully operational and began accepting FAIR cases. The remainder of the investigative staff in NCC were reorganized into Urgent and P3 categories, with the intention of converting P3 workers to FAIR once workers' positions were filled to at least 60% capacity. Sussex County reorganized their investigative staff similarly in the fall of 2020. Both NCC and Sussex were able to "go live" with FAIR assignments for all P3 staff by late Summer 2021. As the three counties operationalized the FAIR pathway, the Intake and Investigation Program Manager provided multiple sessions of virtual FAIR Expansion training, which was made available for staff at all levels and in all program areas. The training was designed to provide an overview of differential response in the nation and in Delaware, to familiarize staff with the legislation behind differential response, and to orient staff to the practice changes inherent in a shift to FAIR. Beginning in late 2021, the Intake and Investigation Program Support Administrator provided training on Family Team Meetings for FAIR to all staff, both internal and contracted. Consideration has been given to the need to enhance new worker training so that new staff are oriented to the FAIR approach as the default approach, since it is anticipated that as many as 60% of intakes will be assigned to the FAIR pathway when the system is fully functional. However, with the significant staffing crisis experienced by the Division statewide, but especially in New Castle County, operations administrators decided to stop assigning cases to the FAIR pathway and blended all priority response units again. Thus, the internal FAIR pathway is nonfunctional at this time. However, revisions to the FAIR policy are being made by the Intake and Investigation Program Manager, and a workgroup has been convened by the Program Manager to create FAIR-specific tools in FOCUS and a FAIR Guidelines manual. The intention is for the policy and infrastructure to be fully in place, and when staffing again reaches at least 60% capacity, internal FAIR will be relaunched. This benchmark's timeframe is amended to April 2024.

3. Agency leadership to monitor implementation of the expansion through the use of initial contact reports, caseload reports, case reviews and backlog reports. Assess effectiveness of the expansion through reports on repeat maltreatment, rate of transfer to treatment, and entries into foster care. Assess the impact on the formal investigation pathway through reports on timeliness of contacts for both investigation and FAIR.

Timeframe: December 2021 and ongoing monitoring.

Measure: Production of reports evaluating processes and outcomes of expanded DFS FAIR responses.

Progress Report:

This benchmark is both stayed and ongoing, as DFS will continue to collect, monitor, and analyze these data points to measure the success of our FAIR expansion and programming once the practice of FAIR is resumed. Once initial implementation of FAIR was completed statewide, the Intake and Investigation Program Team began to collect initial data. Implementation was monitored through the use of initial contact reports, caseload reports, OSRI case reviews, and backlog reports. The Program Team is most interested in learning of the impact that the FAIR pathway may have on timeliness of investigation and FAIR initiation, rate of transfer to treatment, repeat maltreatment, and especially rate of entry into foster care. Some of these measures, such as repeat maltreatment and entry into foster care, are longitudinal in nature, and results will not be able to be assessed for at least a couple of years. To that end, the data team has been requested to create reports in FOCUS that will allow us to pull that data at some point in the future. The shorter-term data, such as transfers to treatment and timeliness of investigation and FAIR initiation, is available now and is being tracked through FOCUS reports. Data from CY21 indicates that 2,294 initial reports (including linked reports) were referred to the DFS FAIR pathway statewide from the hotline. 1,828 cases either remained in the FAIR pathway or were assigned to the

FAIR pathway by the regional units, and 1,603 received an on-time initial response, which represents a 87.7% on-time response rate when diligent efforts are factored in. A total of 512 cases, or 28% of FAIR cases opened in CY21, went into backlog (i.e., were open longer than 90 days). During the same time period, 4,679 new investigation reports (including linked reports) were screened in and assigned. Of those, 4,525 received an on-time initial response, which represents a 96.7% on-time response rate when diligent efforts are factored in. During the same time period, 562 FAIR cases were closed. Of those, 64, or 11%, were transferred to treatment. Comparing to the transfer rate of investigation cases during the same time period, 4,427 investigations were dispositioned, and of those, 682, or 15%, were transferred to treatment. This early data analysis supports the theory that a statewide FAIR pathway may have a positive impact on timeliness of initial contacts in both FAIR and investigation cases, and that engagement with families through a FAIR pathway reduces the likelihood that families will need to receive ongoing treatment services through the agency. The agency will need to continue to monitor this data to see if these trends continue as practice develops. If these trends can justifiably be attributed to the expansion of FAIR, then the agency hopes to see this data improve even further once statewide expansion resumes. This benchmark's timeframe is amended to April 2024 and ongoing.

Objective: Ensure child safety in treatment cases by making timely initial contacts, ongoing family and client contacts, responding to hotline reports that require a treatment response. Ensure quality of contacts by using data reports and case review findings to monitor compliance at the state, region, team, and caseworker level. Provide reports at different intervals. Ensure quality of contacts per policy, OSRI and best practice standards.

Rationale: Management of timeliness and quality of family and client contacts is vital to child safety at the case and system level.

Outcome: Timely and quality treatment contacts improve child safety.

Benchmarks:

1. Treatment Program Manager and data team to distribute reports to regional managers, supervisors, and caseworkers. Review barriers to maintaining contact schedules and implement strategies to relieving barriers.

Timeframe: June 2020 and ongoing.

Measure: Production of reports of contact schedules and actions taken to improve contact rates.

Progress Report:

This benchmark is complete and continues for dissemination of reports. There are several reports that continue to be available and shared for family contacts:

- **DFS Initial Treatment Contacts:** This report provides information about the initial family contacts for each newly assigned case. It identifies the number of initial family contacts due in the timeframe selected and how many of those initial contacts were made on time, not on time, or not completed. When an initial family contact is not made by the due date the supervisor indicates whether diligent efforts were made by the caseworker to meet the contact timeframe. This report tracks whether diligent efforts were made for any initial family contact completed after the due date. This report also calculates the percentage of initial family contacts that were made by the due date for each caseworker.
- **Treatment Open for 30 Days No Actual Contact:** Caseworkers are required to make their initial contact with the family within 1-14 days of the treatment case opening. This report indicates when a case has been open for longer than 30 days and the initial contact has not been recorded in the case.

- **Treatment with No Contact Schedule:** Once a caseworker enters the date of their initial contact and ongoing contact schedule will be generated. This report indicates when there is an open treatment case and there is no ongoing contact schedule in the case. Similar to the report above, this report indicates that the initial contact has not been entered into the case. This report provides further information about how many days the case has been open, how many days the contact is overdue, and date that the contact became overdue.
- **Treatment Cases with Overdue Actual Contacts:** This report provides information about the number of days between contacts with a family and how frequent the caseworker is required to meet with the family. The supervisor sets the contact schedule for each family based on risk and safety concerns. A caseworker could be required to see a family weekly, biweekly, or monthly.
- **DFS Ongoing Treatment Contacts:** This report provides information about the ongoing family contacts for each assigned case. It identifies the number of ongoing family contacts due in the timeframe selected and how many of those contacts were made on time, not on time, or not completed. When an ongoing family contact is not made by the due date the supervisor indicates whether diligent efforts were made by the caseworker to meet the ongoing contact timeframe. This report tracks whether diligent efforts were made for any contact completed after the due date. This report also calculates the percentage of contacts that were made by the due date for each caseworker.

These reports are run weekly and distributed to Management, Regional Administrators, Assistant Regional Administrators and Director/Deputy Director. The Regional Administrators forward reports to supervisors and supervisors distribute to workers. These reports can be self-generated and customized by staff at any point in time.

The following report is available and shared for Client Contacts. These contacts are specific to children who are in the custody of the Division of Family Services.

Client Contact Report: This report is provided to staff monthly. The Client Contact Report provides information about whether the caseworker had an in-person contact with a child experiencing foster care during each month the child was in DFS custody and if that contact was in the child's placement home. Throughout CY 2021 Delaware included virtual visits as residence contacts per federal COVID-19 instructions. Currently, caseworkers are encouraged to complete an in-person visit (using recommended safety precautions and protocols) with children experiencing foster care. This benchmark's timeframe remains implemented and ongoing. Updating the activity to just distributing reports as the review of barriers to maintaining contact schedules and strategies to relieve barriers are discussed in various workgroups: Treatment Program Meetings and CQI: Intact Families Committee and reported elsewhere. Updating the measure to disseminating to operational staff in place of actions to improve rates as it is measured in the next benchmark.

2. The CQI Intact Family Committee to make recommendations to Strategic Leadership Team for improving contact frequency and quality with children and caregivers in intact family cases.

Timeframe: April 2021 and ongoing review

Measure: Documentation of recommendations and actions taken.

Progress Report:

This benchmark continues for ongoing review and actions. The CQI Intact Family Committee was formed to develop strategies to improve performance on in-home services case reviews and improve outcomes with families and meets monthly. Reports and case review performance on Well Being I Outcome Items data is reviewed and monitored continuously. In these meetings, discussions are held on barriers and strategies to overcome the identified barriers. Discussions focus on current initiatives,

results from those initiatives, and if the initiatives should be adjusted to expand or adapt the approach. It is an ongoing cycle that is a constant part of conversations had throughout the division and department and has become imbedded in our work. Outcomes and status of improvements are discussed during strategic leadership meetings, CQI Steering and Collaborative meetings, stakeholder meetings, and in various other forums. The high turnover rate leading to very high caseloads is, however, a barrier to true measure of initiative effectiveness.

To support theory of change: If treatment caseworkers and supervisors received holistic training on Delaware policy, practice, and procedure as it relates to federal review expectations, improvements would be seen on case review performance, Module I Well-Being 1: Caseworker Visits with Children and Parents/Caregivers was offered to staff in 2020. Following the recommended case worker visit training, there was a clear improvement noted in our performance regarding OSRI Items 14 and 15. Based on the review of this initiative, it was recommended and approved by leadership that the caseworker visit training would be assigned as a mandatory refresher annually and provided to all new staff as required training. Although this training is mandatory, staff find it difficult to participate in training due to prioritizing field responses and other case work obligations.

To support theory of change: if the treatment worker's workload could be reduced, we would see an improvement in performance, CQI Intact Committee discussed the piloting of intact vs treatment caseloads, but the high vacancy rate has impacted current implementation. The committee also found concerns with the treatment case conference event and its need to better ensure there was a thorough assessment of risk, safety and needs and provide definite next steps for workers. The committee has developed an improved supervisor case conference event. A change request is currently pending to update the event in FOCUS. This Committee had found that delays in guardianship proceedings with family court for youth not in agency custody were impacting caseloads by unnecessarily extending the length of activity with the agency while workers and families were waiting for finalization. Since last APSR submission, a specific Guardianship subcommittee was formed by the Strategic Leadership Team to move forward with analysis and action steps to address guardianship issues.

3. Treatment Program Manager and data team to develop and produce priority response contact reports to monitor compliance with priority response timeframes by distributing reports to regional managers, supervisors, and caseworkers.

Timeframe: December 2022

Measure: Documentation of timeliness of priority responses in treatment and actions taken to improve performance.

Progress Report:

This benchmark is close to completion. The data team developed a report to monitor treatment responses. After further review by the DFS Operations Manager and Treatment Program Manager, a request was made to provide additional data points. Once those data points are added and after final review the report will be disseminated to Regional Managers. For CY2022 there were 113 intakes that were identified as a Treatment Response. This timeframe should be amended to December 2023.

4. Treatment Program Manager and workgroup to review quality of contacts using the OSRI. Team to consider review and revision (if required) of contact template and guide for workers to use when documenting family and client contacts. Team to make recommendations as needed to improve quality of contacts.

Timeframe: June 2020 and ongoing.

Measure: Documentation of review findings, recommendations and interventions taken to improve quality of contacts.

Progress Report:

This benchmark is in progress. Frequency and quality contacts continues to be an ongoing discussion with supervisors and administration. It is also discussed in the CQI Intact Family Workgroup, which is comprised of frontline workers, supervisors, managers, and administration.

DFS adopted a contact template that helps caseworkers organize their face-to-face narrative which has been discussed and vetted by the Treatment Workgroup and CQI Intact Family Workgroup. The Face-to-Face Contact template is included in Policy 403: Family Contacts and Policy 404: Foster Care (Client Contacts). The DFS Treatment Program Manager and Project Manager are developing a user story to build the contact template into our DSCYF Database, FOCUS.

As a part of our upcoming federal review a team of stakeholders and DFS staff met for our self-assessment to discuss the strengths and needs of quantity and quality contacts. It was identified that families who were not seen timely or frequently enough to assess for needs and services made up the majority of Areas Needing Improvement ratings. There was a deficiency of adequate caseworker visits with families and children.

The team also considered information from our parents, youth, and caregivers. In April 2022, the Case Reviewers added a supplemental survey to their review process. When the Case Reviewers interview the family, which includes the mother, father, youth, and foster parent or kinship care provider, a series of questions is asked to deepen our level of understanding about how the agency worked with the family from each family member’s perspective. From April 27, 2022, through September 20, 2022, 126 families participated in this conversation. The following questions were considered:

Do you have enough opportunities to share concerns about your family, your safety, and your needs?	82% (103/126) responded “yes”
If you/your child was in foster care, were you kept informed about (or included when possible) their appointments, meetings, progress, services, or general life events?	75% (59/79) responded “yes”
Were you able to be an active partner in developing the case plan and goals for you and/or your family?	53% (66/126) responded “yes”
Was the case plan reviewed and modified with you as circumstance changed?	43% (54/126) responded “yes”
Was your DFS worker accessible?	68% (86/126) responded “yes”
Did your DFS worker respond timely when needed?	63% (79/126) responded “yes”

Furthermore, the families had an opportunity to share their detailed thoughts about case planning and decision making.

Families identified the following **strengths** regarding case planning:

- They were a part of the team and were invited to team meetings and kept informed
- They were a part of discussions around needs, services, and case plan progress and when their voice was heard
- When the caseworker was supportive, helped identify support people, helped prepare the family

Families identified the following as **areas that need improvement** regarding case planning:

- Professionalism in meetings
- Flexibility in planning, especially when circumstances change
- Provide the family with copies of the plan and acknowledge all family members, help the family understand the plans/progress

Families identified the following strengths regarding interactions with the caseworker:

- Responsive/accessible, supportive
- Kept informed
- Helpful/answered questions
- Didn't give up

Families identified the following areas that need improvement regarding interactions with the caseworker:

- Did not feel valued/heard
- Did not get to know the family
- Could not answer questions or follow up on resources

These concerns could be attributed to high staff turnover across the state that includes more seasoned staff. Newly hired staff have a reduced number of mentors and newer supervisors who don't have the knowledge base of more seasoned staff and mentors.

Frontline workers and supervisors participated in several focus groups to discuss the barriers to quality contacts and engaging with families and to discuss strategies used to engage with families. The supervisor focus group met on 8/10/22 and included 4 agency supervisors who actively participated. Caseworker focus groups were held on 8/2/22 (9 agency participants) and 8/9/22 (10 agency participants).

Caseworker and supervisors feel families are more complex and don't want to engage or don't know they have been referred for ongoing services, higher risk families take priority, workload makes it difficult to do everything expected, there is a lack of resources, and sometimes families are difficult to locate. Some of the strategies workers use to ensure they are making quality contacts with the family are the use of due dates in FOCUS, being open/transparent with the family, unannounced visits, Safety Organized Practice tools, schedule in advance/work with the family's schedule, and strength-based conversations.

The most recent data was compiled by the quality assurance team using the OSRI tool.

OSRI Case Review Measures		
Caseworker Visits: Item 14: with child and Item 15: with parents		
Measurement Period (N=90)	Strength Rating (Item 14)	Strength Rating (Item 15)
Oct 2021 – Mar 2022	77%	67%
Apr 2022 – Sept 2022	76%	64%
Oct 2022 – Mar 2023	72%	73%

This benchmark's timeframe continues to be ongoing.

Objective: Sustain safety protections for at risk children and youth placed in Delaware via interstate compact agreements.

Rationale: Child safety is a compact mandate and the core of the compact's goals. The Interstate Compact on the Placement of Children (ICPC), the Interstate Compact on Adoption and Medical Assistance (ICAMA), and the Interstate Commission for Juveniles (ICJ) are mechanisms to ensure the safety and protection of children and youth placed across state lines.

In CY 2022, the ICU managed a total of 1533 incoming and outgoing cases for the three compacts combined. 567 were ICPC cases, 828 were ICAMA cases, and 138 were ICJ cases. The interstate unit

assisted with 6 private adoption finalizations, 15 public adoption finalizations, 5 cases resulting in guardianship, 12 cases resulting in legal custody to a relative and 10 cases resulting in reunification (custody rescinded to a parent), in respect to incoming referrals. Specifically, in CY 2022, the ICU received 280 new referrals from other states and sent 306 new referrals to other states. These are both increases from CY 2021.

Outcome: Low rates of child maltreatment and maltreatment reoccurrence for children placed in Delaware via the ICPC.

Benchmarks:

1. The Interstate Unit to conduct annual contract monitoring of our community-based providers. Monitoring to include the number of placements, reportable events for alleged child abuse and neglect, number of reoccurring reportable events, and number of children and youth returned to their home state due to allegations of child abuse and neglect.

Timeframe: June 2020 and annually.

Measure: Documentation of monitoring finding and corrective actions as indicated.

Progress Report:

Timeframe of data: February 1, 2022 to December 31, 2022

The last formal contract monitoring covered the period February 1, 2021 to February 1, 2022 for two providers and August 1, 2021 to December 31, 2022 for a third provider. Additionally, the process of reviewing these Annual Progress and Services Report items is itself a monitoring method. The unit does monitor provider compliance with established ICPC time frames for completion of home study evaluations, monthly supervision, and quarterly supervision reports ongoingly and formalizes this with a detailed quarterly report measuring completion timeliness. The Interstate Unit also monitors the completion of reportable event summaries for compliance with established time frames on a case-by-case basis. This report addresses summary findings upon review of all reportable events received during the time frame indicated above. Due to the ongoing targeted monitoring that is completed to ensure regulation standards are upheld, the Interstate Unit is not conducting formal annual contract monitoring of community-based providers. It is important to note that the Interstate Unit recently finalized new contracts through the RFP process with three providers commencing on January 1, 2023.

There were 28 reportable event summaries submitted during this period amongst all three provider agencies. Six reports, or required contacts, were not completed during the designated time frame. On five occasions, the resource failed to share information with the provider agency who documented that the resource would be re-trained on the procedure. One resource involved in two of these cases intentionally avoided sharing the information with the provider agency for fear of having the child removed from their care. In one case, the provider case worker did not submit a reportable event summary despite sharing information about the incident within the designated timeframe, stating that she was unaware that it needed to be done in that instance. The worker submitted the report after receiving feedback from the Interstate Unit. The number of placements, reportable events for alleged child abuse and neglect, and number of children and youth returned to their home state due to allegations of child abuse and neglect are covered elsewhere in this report.

This benchmark will be updated to say that the Interstate Unit will monitor contracts since contract monitoring is done every 3 years and not annually. The unit will continue to monitor for utilization and safety and address issues as needed.

2. Interstate Unit to conduct quarterly monitoring of allegations of child abuse and neglect for youth receiving supervision in the state of Delaware. Unit to issue corrective actions as indicated.

Timeframe: October 2019 and quarterly thereafter

Measure: Documentation of quarterly monitoring of abuse and neglect allegations and actions taken to ensure child safety.

Progress Report:

Timeframe of data is February 1, 2022 to December 31, 2022.

The Interstate Unit reviews allegations of child abuse and neglect for youth receiving supervision in Delaware upon notice rather than quarterly. During this timeframe there were five allegations of abuse or neglect made against ICPC resources involving a total of seven children, two of which involved sibling groups (2 children each) while two others involved siblings (2) separately.

In two cases, the children were removed from their ICPC placements immediately. In one case, the resource requested the removal of a sibling group due to the allegation and in another Pennsylvania removed the children from the home. DFS closed one case as unsubstantiated with concern while the other was screened out. There were two screened out reports involving each child of a two-child sibling group. Of note: those children were recently adopted by the resource. In another case, a child had a conflict with his grandparent which resulted in the opening of a FAIR case. A safety plan was developed, and the child began to engage in therapy. Case was ultimately closed due to no safety concerns.

In one case, a child placed with a resource in Delaware, but receiving residential treatment at Terry Center, alleged that another child inappropriately touched her. This was reported to the hotline and was later abridged by Institutional Abuse (IA) resulting in the report being sent to OCCL as a potential supervision issue. Child was removed from Terry Center by the resource, who had limited authority through the sending state to make the decision.

This benchmark will be updated to say Interstate Unit to conduct monitoring of allegations instead of quarterly monitoring since the monitoring begins when they are notified of an incident. Also, quarterly will be removed from the timeframe and measure.

Permanency

Goal: Children will maintain or achieve timely permanency.

Rationale: Child welfare systems initial focus is on stabilizing safety and risk factors to prevent entries into foster care. Once a child enters state custody, the focus shifts to reunification with the family. If reunification cannot be achieved children should have timely permanency planning within 12 months of entering foster care. It is also important for children to maintain their connections with their parents, extended family and community while living in out of home care. It is nationally accepted that children have better outcomes when they have permanent family connections and that whenever possible children do better when they are cared for by their families. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. For SFY2018, 82% of foster children were reunified with their family within 12 months of entering foster care. The companion measure of reentry into foster care within a year of reunification also meets Round 3 national standards. CFSR Round 3 Data Profiles for permanency finds Delaware below standard for permanency in 12 months of entering care and meeting standards for permanency for foster children in care longer than 12 months. Delaware is slower to reunify or achieve other permanency exits in the first 12 months but has a low reentry rate. Placement stability also meets Round 3 standards. During FY2018 a total of 116 adoptions occurred, the highest number to date, with 50%

of those occurring within 24 months of most recent removal. In the 2015 CFSR, areas relating to permanency were identified as needing improvement. Subsequently, DFS, CIP and CPAC committees collaborated to strengthen legal process to improve timely permanency and achieved all PIP activities effective March 2019.

OSRI results from April-September 2018 find 66.67% of cases rated strength for Item 4: Stability of foster care placement; 81.48% rated strength for Item 5: Permanency goal for child; 83.33% rated strength for item 6: Achieving reunification, guardianship, adoption or APPLA; 84% rated strength for Item 7: Placement with siblings; 91.43% rated strength for Item 8: Visiting with parents and siblings in foster care; 96.3% rated strength for Item 9: Preserving connections; 93.88% rated strength for Item 10: Relative placement; 93.33% rated strength for Item 11: Relationship of child in care with parents; 78.89% rated strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% rated strength for Item 13: Child and family involvement in case planning; 81.11% rated strength for item 14: Caseworker visits with child; and 76.06% rated strength for Item 15: Caseworker visits with parents. Ratings for Item 12A: Needs assessment and services to children rated strength in 88.89% of cases; 87.32% rated strength for 12B: Needs assessment and services to parents; and 89.13% rated strength for Item 12C: Needs assessment and service to foster parents.

Stakeholders say Delaware has a strong commitment to youth not only in the Department but in the community as well; family needs are not consistently met statewide; youth know their plan, case status and circumstances; family teaming is gaining momentum; good effort to place siblings together; and foster parents are more involved with families. Stakeholders also say collaboration with families, youth, team members and other service providers can be improved, there is a gap of efforts and services to prevent foster care entry, and visitation for foster children is too infrequent and lacks quality and normalcy.

Measure: OSRI case review performance is the primary measure for this goal with a 90% strength performance expected for each: Item 4: Stability of foster care placement, Item 5: Permanency goal for child, Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement, Item 7: Placement with Siblings, Item 8: Visiting with parents and siblings in foster care, Item 9: Preserving connections, Item 10: Relative placement, Item 11: Relationship of child in care with parents, Item 12: Needs and services of child, parents, and foster parents; Item 13: Child and family involvement in case planning; 14: Caseworker visits with child; and Item 15: Caseworker visits with parents. Measures for team decision making practice are: 80% of children will have a pre-removal TDM, 60% of children will be diverted from custody and 95% of children who enter custody will have a TDM.

Performance:

Case reviews show that Delaware continues to be significantly better than CFSR Round 3 national performance on both permanency outcomes. Case reviews show that Delaware has shown a decline in performance on Permanency Outcome 1 primarily due to our performance on Item 4, placement stability. Performance on this item has declined each reporting period. In reviewing the CFSR 3 Data profile placement stability within the first 1,000 days, Delaware scored no different than national performance. There was an average of 4.6 moves for FY2020 compared to 4.75 moves in FY2021, a 3% increase. Delaware did not meet case review performance goal of 90%.

	National Performance	Delaware Baseline	Delaware OSRI Case Reviews (n=90)			
			Apr 21 - Sep 21	Oct 21- Mar 22	Apr 22 - Sep 22	Oct 22 – Mar 23
Permanency Outcome 1	27%	56%	74%	72%	66%	63%
Permanency Outcome 2	61%	81%	98%	100%	96%	100%

OSRI Case Review Measures Permanency Outcome 1- Items 4, 5 & 6			
Measurement Period	Item 4- Placement Stability	Item 5- Permanency Goal for child	Item 6- Achieving reunification, adoption, guardianship or APPLA
Oct 2020 – Mar 2021	78%	96%	96%
Apr 2021 – Sep 2021	76%	96%	96%
Oct 2021 – Mar 2022	72%	98%	98%
Apr 2022 – Sep 2022	72%	96%	100%
Oct 2022 – Sep 2023	71%	98%	90%

Despite lower performance with placement stability, Delaware has been scoring consistently higher on this outcome measure than our own baseline and well above the national performance measure.

OSRI Case Review Measures Permanency Outcome 2- Items 7, 8, 9, 10 & 11					
Measurement Period	Item 7- Placement with siblings	Item 8- Visits with parents & siblings	Item 9- Preserving Connections	Item 10- Relative Placement	Item 11- Relationship of child with parents
Oct 2020 – Mar 2021	100%	93%	100%	100%	100%
Apr 2021 – Sep 2021	91%	91%	98%	100%	100%
Oct 2021 – Mar 2022	92%	93%	100%	100%	100%
Apr 2022 – Sept 2022	100	91	98	98	93
Oct 2022 – Mar 2023	92	93	100	97	100

CFSR Round 3 Data Profile shows that Delaware scores no different than national performance for permanency within 12 months (37.2%), for permanency within 12 months for children in care 12-24 months (48.8%), permanency within 12 months for children in care more than 24 months (31.2%), and re-entry into foster care (6.1%) for FY2021.

Objective: Strengthen family search and engagement (FSE) practice to locate, engage, connect and support family resources for children and youth in foster care. FSE practice will be enhanced by sending out relative notification letters when a child or youth enters DFS custody and again 6 months later, utilize the family search and engagement contract during treatment and reunification work, complete a national search and utilize the parent locator database.

Rationale: Children thrive when they have relationships with adults who support and love them. Stakeholder focus groups and surveys agree that family search and engagement is imperative for children and youth in foster care. Sending relative notification letters increases the likelihood that a kinship connection can be made for children and youth in foster care. Additionally, the family search and engagement program allows the practice to be child and youth led. US search and parent locator data base are tools that can locate the non-custodial parent and putative father. The identification of the father increases the family connections for a child or youth. The Division of Family Services has had a family search and engagement contract with Children and Families First since 2013. The purpose of this contract is to foster permanency for children in foster care. This service includes strategies, tools and skills for early and ongoing identification of family and others who are significant to children and youth. FSE also helps the identified adults make decisions about how they can be supportive to the youth. At the time of the plan development, this program had 46 children referred for services. Eleven of those referred have developed new connections and 21 children reconnected with relatives and non- relatives. For the children receiving services, 70% developed a connection with a relative or non- relative that may be a resource.

Outcome: Children thrive when they have lifelong connections with family and a permanent place to call home.

Benchmarks:

1. Promoting an expansion of the eligible population and controlling referrals, the Treatment Program Administrator will increase referrals to contracted family search and engagement services.

Timeframe: 2019 and ongoing for referral tracking

Measure: Documentation of number of referrals to family search and engagement in treatment cases and adjustments to referral process.

Progress Report:

This benchmark was implemented in CY2019 with the expansion and is ongoing to review for additional expansion opportunities and track referrals. Family search and engagement (FSE) services continue to be accessible to both Treatment and Permanency workers. Prior to 2019, referrals had only come from Permanency caseworkers. The change aims to reduce the amount of time spent in foster care by earlier establishment of family connections. There were 23 youth referred for FSE services in CY202, this is an increase of 2 from the prior year. Permanency workers submitted 15 referrals. Treatment workers submitted 8 referrals. A total of 42 children were served by FSE throughout CY2022. This is up by 3 children from last year. No changes have been made to the referral process or criteria for referrals this past review period. Referrals continue to be routed through the Treatment Program Administrator. The caseworker completes a referral and submits it to the Treatment Program Administrator via email. The Treatment Program Administrator reviews eligibility and manages the referrals with the contracted provider. Children and youth up to 17 years of age with no, or few, identified connections are eligible for FSE services. They may have a permanency plan of Reunification, Adoption, Guardianship, APPLA, or concurrent plans.

The children served by FSE in CY 22 had the following permanency plans:

Guardianship	15
Reunification	13
TPR/Adoption	9
Permanent Guardianship	2
Guardianship/TPR	1
Reunification/Guardianship	1
APPLA	1

2. The Treatment Program Administrator to gather data on connections and outcomes of contracted family search and engagement.

Timeframe: 2019 and ongoing.

Measure: Documentation of referrals and outcomes.

Progress Report:

This benchmark is established and ongoing for outcome collection. The table below reports on outcomes of contracted family search and engagement activities for CY 2022.

FSE Service/Outcome	Count
Total number of youth served	42
Family connections established	63
Non family connections established	20
Closed upon reunification, adoption, or guardianship	7

- Treatment program team to use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and quality assurance case review reports with DFS staff and system partners.

Timeframe: Ongoing monitoring and review

Measure: Documentation of performance on OSRI Item 9: Preserving connection for cases receiving contracted family search and engagement services.

Progress Report:

This benchmark is ongoing. Delaware utilizes several family search and engagement tools to help families identify supports and connections which include Team Decision Making (TDM), family team meetings, and group supervision using Consultation and Information Sharing Framework, a tool designed by Sue Lohrbach. Other tools used in Safety Organized Practice are circles of safety and support, connectedness mapping, and Support Network Grid.

For CY2022, 1820 Framework records were created in FOCUS of which 95% included a genogram. The Treatment assessment tools- Family and Child Strengths and Needs Guide (FSNG/CSNG) includes the use of a genogram and ecomap to identify family supports within the context of safety, risk, permanency, and well-being. These fields are mandatory to complete the assessment. The CSNG includes a field called “preserving connections” to consider those supports and the important people in a child’s life. A relationship table was added to FOCUS that helps case workers record relationships that is stored on the client person screen, is available on all assessment tools for easy review and updated. Case workers are encouraged to use the Family Team Meeting template in FOCUS to document family team meetings. For CY 2022 there were 291 family team meetings documented in the template. This is a decrease from CY 2021. Case workers may be recording family team meetings in a note rather than using the template record. The Treatment Program Manager and Project Manager are building a new contact record in FOCUS. This will include a way for staff to use the FTM template to accurately document a family team meeting and not feel like they are duplicating documentation.

TDMs include family search and engagement activities to locate resources who may be a support to the family and child when considering removal of a child from the home. Families are coached to identify who should attend the TDM. In CY2022 there were 2350 participants invited to TDMs (21% increase from CY2021). Of those invited, 2250 attended the TDM (36% increase from CY2021). The chart below shows that when invited a high percentage of participants attend the TDM:

TDM Participants CY2022				
Participant	Invited	Attended	% attend	% of total participants attended
Mothers	320	286	89.4%	12.7%
Fathers	233	205	88.0%	9.1%
Maternal Relatives	252	225	89.3%	10.0%
Paternal Relatives	161	143	88.8%	6.4%
Relative Caregiver	68	63	92.6%	2.8%
Non-Relative Caregiver	58	50	86.2%	2.2%
Foster Parent/ Other	4	4	100.0%	0.2%
Informal Support	122	107	87.7%	4.8%
Formal Support	1068	1027	96.2%	45.6%
Youth	64	51	79.7%	2.3%

The most recent data was compiled by the quality assurance team using the OSRI tool. Delaware performed well on Item 9: Preserving connections in case reviews. Connections were preserved in 98% of cases reviewed from April 2022 through September 2022. This benchmark's timeframe is ongoing.

Objective: Practice Team Decision Meetings with fidelity to strengthen safety assessment and planning for those who are at-risk of entry into foster care.

Rationale: Team Decision Meetings are facilitated meetings that help families, youth, caseworkers, and supports collaborate together in planning for the safety of children and youth. Delaware conducts TDMs when considering removing the child from the home. TDMs have shown to divert a number of children from state custody and involve natural family supports that continue the child's connection to family. TDMs bring mothers, fathers, relatives, and informal supports together for planning. In CY2018, 55% of TDM's were held pre-removal and 42% of those children were diverted from DFS custody. Seventy-seven percent of children had a mother attend and 43% of children had a father present.

Outcome: More at risk children will be diverted from foster care by increasing the number of pre-removal TDMs referrals to 80%. Of all children entering foster care, 95% will have a TDM. There will be increased participation by fathers and paternal relatives in TDMs.

Benchmarks:

1. TDM workgroup to develop and implement training on TDM policy and procedure. Team to consider live and web-based presentations.

Timeframe: December 2022

Measure: Implementation of training.

Progress Report:

This benchmark is completed. TDM Policy and Refresher training was provided by the TDM facilitators. There were 8 total trainings offered with two sessions on each date: 8/20, 8/27, 9/4, and 9/20. Sessions were offered in each county. A total of 45 DFS staff completed the training. Additional training will be provided as needed.

2. TDM workgroup to develop and distribute data reports regarding children who had a pre-custody TDM, children entering custody without a TDM, and children who had a post-custody TDM to regional managers, supervisors, and caseworkers. Review participant surveys for revision and include input in evaluation of practice. Team to include OSRI Items 9, 10, 12A and 12B in reporting. Conduct case reviews on children who enter custody but exit custody within a short timeframe.

Timeframe: March 2021 and ongoing.

Measure: Issuance of TDM reports including participant input and documentation of actions taken to improve process measures and diversion from foster care rates.

Progress Report:

This benchmark is ongoing. The Treatment Program Manager developed several TDM reports in FOCUS which are used to inform the TDM workgroup. The reports were added to FOCUS in July 2019. The reports look at the following data points:

Children in DFS Custody: This report focuses on all the children who entered DFS Custody during a specified time period. For CY2022, 416 children entered DFS custody. Of those that entered care, children 297 (71%) had a TDM, which is decrease from last year. Twenty-four percent (24%) of those TDM's were pre-removal, which is also a decrease. The TDM workgroup reviews data reports on

children who enter and exit DFS custody within 60 days. Of the children who entered DFS custody, 57 (14%) exited custody in less than 30 days and 40 (10%) exited custody within 30-60 days. Of the children with a short stay in custody (97 children), 53 (55%) did not have a TDM and 44 (45%) had a TDM; Of the 44 TDMs held, 31 (70%) were post removal, 9 (29%) were pre-removal, and 4 (13%) were Sua Sponte removals. For CY 22 the majority of TDM's were held in person with the ability for participants to join via teleconference if not available in person.

Children with TDM: This report focuses on all children who had a TDM during a specified time period. For CY2022, there were 422 children had a TDM. An increase from CY 2021. Of these children 77% had a mother attend the TDM and 49% had a father who attended a TDM. Fathers attending a TDM was an increase from 2021. Fifteen percent (15%) of children attended a TDM. Case workers continue to be successful getting mothers to attend TDMs and ongoing efforts have improved engagement of fathers and youth. For CY2022, TDM diverted 63% of children from entering DFS custody, which is an increase from the previous year.

TDM Summary: This report focuses on each TDM as a whole that was held during a specified time period. There was a decrease in the rate of Pre-TDM in CY 2022 down from 54% to 45%. There continues to be more emphasis on pre-removal TDMs and the TDM facilitators prioritize the pre-removal TDM over post-removal TDM referrals.

Type		%
Pre-Removal	107	45%
Post-Removal	113	47%
Court Initiated	18	8%

For CY2022, 32% of the TDM's indicated AOD concerns while 7% of TDM's indicated domestic violence concerns. Only 4% of TDM's indicated safety concerns. The Domestic Violence Liaison (DVL) and substance abuse liaison (AOD) were expected to participate when either issue was indicated as a concern. DV Liaisons do not attend when perpetrators are viewed as risks to participating victims.

AOD Concerns	76	36%
AOD Invited	25	
AOD Attended	18	
DV Concerns	16	7%
DVL Invited	6	
DVL Attended	1	
Safety Concerns	9	4%

TDM Participants: This report focuses on the people who were invited and attended the TDM. When participants are invited to a TDM they do attend.

TDM Participants CY2022				
Participant	Invited	Attended	% attend	% of total participants attended
Mothers	320	286	89.4%	12.7%
Fathers	233	205	88.0%	9.1%
Maternal Relatives	252	225	89.3%	10.0%
Paternal Relatives	161	143	88.8%	6.4%
Relative Caregiver	68	63	92.6%	2.8%

Non-Relative Caregiver	58	50	86.2%	2.2%
Foster Parent/ Other	4	4	100.0%	0.2%
Informal Support	122	107	87.7%	4.8%
Formal Support	1068	1027	96.2%	45.6%
Youth	64	51	79.7%	2.3%

Exception Reports: This report focuses on when a TDM exception was requested and the reason for the exception. Caseworkers and TDM facilitators can request a TDM be waived under limited circumstances. Examples of these circumstances are if a parent declines a TDM, the parents cannot be located, the child did not change placement after entering custody. For CY2022 there were 24 TDM exceptions approved. All but 2 children with an exception entered DFS custody. Exceptions are limited to the following: there were no parents/relatives willing to attend the TDM, the child recently had a TDM and there were no changes in circumstances, or the child did not change placement after entering custody. The Children in Custody, Children with TDM, Exceptions, and Participants Reports are reviewed in TDM workgroup and provided to Regional Administrators. The data reports are kept in the TDM folder on a shared drive. The most recent data was compiled by the quality assurance team using the OSRI tool. Item 2: Services to family to protect children in the home and prevent removal score 100%; Item 9 Preserving Connections scores 98%; Item 10: Relative Placement scores 98%; Item 12A: Needs and services to children scores 76%; and Item 12B: Needs and services of parents scores 64% (N=90 for April 2022-September 2022 case reviews). This benchmark’s timeframe continues to be ongoing.

Quality assurance case reviewers consider TDMs when evaluating these OSRI items; scoring for Reviews completed in CY2018, CY2019, CY2020 and CY2021 follows:

	2018	2019	2020	2021
Item 2: Services to family to protect children in the home and prevent removal	100%	95%	95%	95%
Item 9: Preserving connections	97%	100%	100%	100%
Item 10: Relative placement	96%	98%	98%	100%
Item 12 A: Needs and services to children	86%	77%	76%	78%
Item 12 B: Needs and services to parents	87%	78%	74%	66%

- Using continuous quality improvement strategies to improve weak areas of practice, TDM workgroup to identify areas needing improvement, research solutions, implement interventions and evaluate performance.

Timeframe: June 2021 and ongoing.

Measure: Documentation of TDM evaluation, resulting interventions and impact on performance and outcomes.

Progress Report:

While improvement has been made, this benchmark is ongoing. Several TDM reports are in production to provide a foundation for targeting areas identified for improvement using CQI principles and strategies. Targeted areas continue to include participation of fathers, paternal relatives, and youth. Based on data, other targeted areas continue to be the overall rate of TDMs and pre-removal rates. With training in the 4th quarter of 2022, DFS hopes to see the rate of Pre-TDM increase over this calendar year. One area that has been of specific discussion is the number of teens who enter foster care. The Operation Manager is requiring a TDM prior to petitioning for custody of a teen (13-17). Monthly reporting began in February 2023.

Teens who entered custody and TDM

Month	Number who entered DFS custody	Pre TDM	Post TDM	Sua Sponte	No TDM	Exit within 60 days
Feb 2023	11	6	0	2	3	2
March 2023	6	1	4	0	1	2

Month	Number who had a TDM	Pre TDM	Post TDM	Sua Sponte	# who entered custody with Pre TDM	Diversion Rate (%)
Feb 2023	13	9	1	3	3	67%
March 2023	12	8	4	0	3	63%

Review and reporting will continue to monitor the impact of TDM diverting teens from entering foster care.

Objective: Strengthen kinship programming to improve permanency outcomes.

Rationale: Relative placement is a priority option when children have to leave their homes due to safety and risk factors. The American Bar Association cites research indicating living with relatives is better for children by minimizing trauma of removal, improving well-being, increasing permanency, improving behavioral health, promoting sibling relations, preserving cultural and community connectedness, and helps older youth transition to adulthood. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. Delaware’s OSRI results for Item 10: Relative placement; show 93.33% of April-September 2018 case reviews are rated strength. Surveyed youth, foster parents, legal representatives, community professionals and DSCYF staff agree DFS caseworkers try to make relative placements when appropriate. Delaware seeks to strengthen kinship programming, building on current statewide programming providing case management and financial support. Delaware applied for a kinship navigator federal grant.

Outcome: Children will have better outcomes and healthier childhoods living with relatives when they must enter out of home care.

Benchmarks:

1. Investigation, Treatment, Permanency and Foster Care Program Managers will coordinate to review and revise the relative/non-relative home assessment policy and align FOCUS record for improved functionality.

Timeframe: Review policy by December 2022. Complete FOCUS change request, if needed, by June 2023.

Measure: Issuance of revised policy and documentation of completed FOCUS change request.

Progress Report:

This benchmark is still in progress. The relative home assessment policy requires coordination of several program managers and due to competing priorities, it has not been completed as of the date of this report. The timeframe is being updated for policy to be completed by December 2023 and FOCUS change request to March 2024.

2. The Program Managers will train identified caseworkers and coordinators on changed relative/non-relative home assessment procedures and FOCUS documentation.

Timeframe: July 2023

Measure: Delaware Learning Center documenting training attendance.

Progress Report:

This benchmark is dependent on benchmark #1. Training caseworkers and coordinators on changed relative/non-relative home assessment procedures and FOCUS documentation will occur once the policy has been reviewed and revised and the FOCUS changes have been made. Timeframe for this benchmark has been revised to July 2024.

3. The Foster Care Program Team will track and review outcomes of the Kinship Navigator Program and work with the contractor to improve services for families and children.

Timeframe: Ongoing

Measure: Kinship Navigator referral tracking and outcome data

Progress Report:

Children's Home Network's KIN-TECH™ kinship navigator model utilized via our Kinship Navigator contract with Children's Choice of Delaware has been rated as evidence-based by the California Evidence-Based Clearinghouse for Child Welfare. We are anticipating a successful re-review of Children's Home Network's KIN-TECH™ program by the Title IV-E Prevention Services Clearinghouse. When that occurs, we will be eligible for Title IV-E 50% reimbursement for our kinship navigator program. Children's Home Network, which developed the model, has conducted a thorough Fidelity Monitoring of the KIN-TECH™ program at Children's Choice and provided a Letter of Certification of the program, indicating that the program staff is maintaining fidelity to the KIN-TECH™ model. Children's Choice includes on monthly reports the number of referrals received, the number not assigned to navigators due to caregiver's declining services, inappropriate referrals, etc. The reports indicate the number of referrals assigned, number of cases closed, number of newly referred caregivers being wait listed, etc. Children's Choice provides regularly scheduled program data to Children's Home Network for compilation and analysis.

4. Based on kinship navigator grant recommendations, Foster Care Program Manager to revise current kinship guidelines and issue policy via the established policy protocol.

Timeframe: December 2022

Measure: Documented issuance of kinship policy.

Progress Report:

This benchmark is in progress. Kinship guidelines have been revised to match the approved Kinship Navigator Model, Kin-Tech, and training was completed. The policy on Kinship is still undergoing revisions. Revised timeframe for issuing Kinship policy is December 2023.

5. Foster Care Program Manager and Administrator to train coordinators and other applicable staff on kinship policy.

Timeframe: February 2023

Measure: DLC records of training attendance.

Progress Report:

This benchmark is dependent upon the completion of policy development which is anticipated to be December 2023. Children's Choice staff and required DFS staff were fully trained on the approved

Kinship Navigator Model, Kin-Tech. Delaware continues to be in full compliance with the Kin-Tech model for Kinship Navigation. Additionally, Kareylen Thompson, State Director for Children's Choice of Delaware, has trained DSCYF/DFS staff and community partners. This has included trainings and information sharing with the Cabinet Secretary and her leadership team, DFS Leadership and Program Team, All-Staff Meetings state-wide, various unit meetings state-wide, CIP/CASA's Statewide. Training and information sessions have been provided through Lunch and Learn sessions and attendance is tracked in the DLC. This training is also available on-going in the DLC for staff to complete as schedules allow. In addition, Children's Choice staff members have educated DFS caseworkers and supervisors one-on-one when discussing cases and receiving Kinship Navigator referrals. They have spent a great deal of time doing this and will continue to do this on-going.

Objective: Improve placement stability for children in out of home care.

Rationale: Placement instability has negative consequences for child safety, permanency and well-being. Generally, the more placements a child experiences, the probability of reunification decreases. Using the CFSR Round 2 national standards for placement stability, Delaware is below standards for all time-in-care groups (.12 months, 12-24 months and >24 months). Using the CFSR Round 3 national standard, Delaware meets the standard for placement stability. OSRI results for Item 4: Stability of foster care placement for April-September 2018 rates 66.67% of cases as strength. Stakeholders see more frequent foster parent involvement with families and that family teaming is gaining momentum. Stakeholders call for more foster parent training for challenging youth and better communication among a child's team.

Outcome: Children will be healthier, experience less trauma and have better permanency outcomes with fewer out of home placements.

Benchmarks:

1. Foster care program team to monitor frequency and quality of Ice Breaker meetings between family and placement resource; standard for meeting frequency for initial placements is 95% and 50% for replacements. Quality of meetings is measured by participant satisfaction surveys.

Timeframe: January 2023 and ongoing

Measure: Documentation of monitoring reports and actions taken to improve frequency and quality of meetings.

Progress Report:

This benchmark is in progress. We have re-issued guidance on tracking and reporting Ice Breaker data to DFS Foster Home Coordinators and Private Agency Staff; however, data consistency and quality continues to be a challenge. We continue to use a paper-based tracking method to monitor frequency and quality of Ice Breaker meetings, which appears to be the primary barrier to data quality and tracking. In effort to correct the data quality and tracking concerns, we are currently in the process of adding an Ice Breaker task in FOCUS which will automatically worklist an Icebreaker Event to the assigned worker for the foster home when a placement occurs. Phase 1 will allow DFS Foster Home Coordinators to begin completing Ice Breakers in FOCUS. During Phase 1, private agencies will still complete manual tracking of Ice breakers. Phase 2 will occur when our contracted private agencies have access to the FOCUS provider portal which is in development. Phase 2 will allow private agencies to enter Ice Breakers for placements in their homes. Adding this functionality in FOCUS, will allow us to track Ice Breakers more consistently and accurately. We have developed the concept and flow of the task in FOCUS, written the user stories and submitted the change request. We are now waiting for this task to be built and tested. The anticipated deployment date for this functionality is by end of December 2023. After it is deployed, we will train coordinators on the functionality, process and expectations around entry of Ice Breakers.

2. Foster Care and Treatment Program Managers to research and review strategies to reduce placement disruptions. Recommendations will be shared with leadership for additional activities. The Program Managers will track current supports (FIRST, DSY and foster parent support services) and their outcomes for effectiveness and improvements.

Timeframe: July 2022 for implementation of the FP supports and ongoing

Measure: Documented review of additional proposals by leadership team and documentation of referrals and outcomes of the 3 current supports.

Progress Report:

Below are current strategies in place or under development to provide additional services and support to stabilize placements.

Foster Parent Support Services:

During the report period we have executed a contract for Foster Parent Support Services with Wrap Around Delaware. The contract was negotiated and finalized at the end of August 2022 with referrals being accepted beginning November 2022. The contract outlines three specific services with the overarching goal supporting foster parents to better serve challenging youth, improving placement stability, and preventing disruptions. The first service provides foster families with 1:1 support focused on addressing challenging child behaviors, strengthening foster parenting skills and relationships with biological/adoptive families, improving community supports, and providing in-home support and education to foster families. The second service is transition support services for foster families accepting youth who are transitioning from higher levels of care. This service is designed to help a foster family proactively set the youth up for success by helping coordinate with the sending facility around what services and home interventions will need to be in place before the transition. And the third service in this contract is for a foster parent support group. The first support group was held on April 20, 2023. Between November 2022 and April 2023, 16 families were referred, 4 declined services, and 12 families accepted 1:1 support service. Of those families the primary reason for referral was to prevent disruption because the family was experiencing significant challenges with a particular foster youth. Of the families supported, 11 have continued to maintain the youth in their home. Of the 4 families that declined services 3 had already given notice to remove the youth from their homes and were unwilling to work with Wrap Around to try to maintain the youth. We have since provided guidance to foster home coordinators around catching the youth at risk of disruption earlier.

Family Informed Resource Support Team:

FIRST (Family Informed Resource Support Team) facilitates team meetings using a similar model as TDM. The criterion for referral is the youth is active in at least one division, or the youth is at risk of out-of-home or out-of-state placement, placement disruption, or a youth is discharging from a higher level of care. FIRST brings together the family, youth, professionals, and supports and is designed to support youth remaining in or returning to family and community settings. The goal is to prevent youth from entering long-term residential care and to strengthen transition plans to expedite and support a youth's return to family and community. Dedicated Community Resource Specialists network with providers and connect families to services and supports within their community.

	FY 22 (n=21)	FY 23 (to date) (n=28)
No Change in Placement	16	19
Higher Level of Care	3	8
Lower Level of Care	2	1

Dual Status Youth Meetings (DSYM):

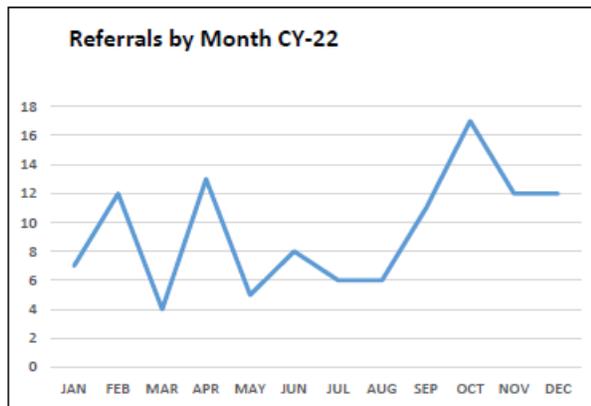
Beginning January 1, 2022, the Department started identifying youth who are dual status (youth who are in foster care and receive a new arrest or who enter DFS custody through a sua sponte order). Once a youth is identified as dual status, they are referred to a contracted facilitator through WrapAround Delaware who will facilitate a Dual Status Youth Meeting within 10 days of the notification. The goal of this meeting is to focus on providing appropriate services and support/intervention to reduce further penetration into the juvenile justice and child welfare system. The goal is to support the current placement plan and offer targeted, evidence-based services that will address the current crisis and support the youth and family’s needs. Gathering data around placement disruption is in progress. During CY 22 there were 113 youth identified as Dual Status. Of those youth, 93 were unduplicated and 20 youth had more than one arrest throughout the calendar year. Ninety (90) out of 113 youth referred (80%) were active with two or more divisions (DFS, DYRS, DPBH). There were 54% males and 46% females represented.

Referrals by Race:

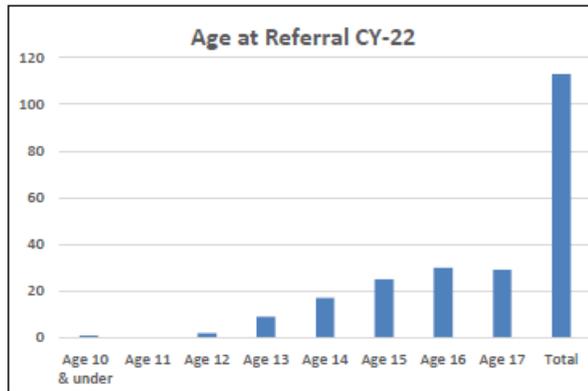
- Black 59%
- White 40%
- Asian 1%

Referrals by County:

- 61 or 54% New Castle County
- 19 or 17% Kent County
- 32 or 29% Sussex County
- 1 was out of state

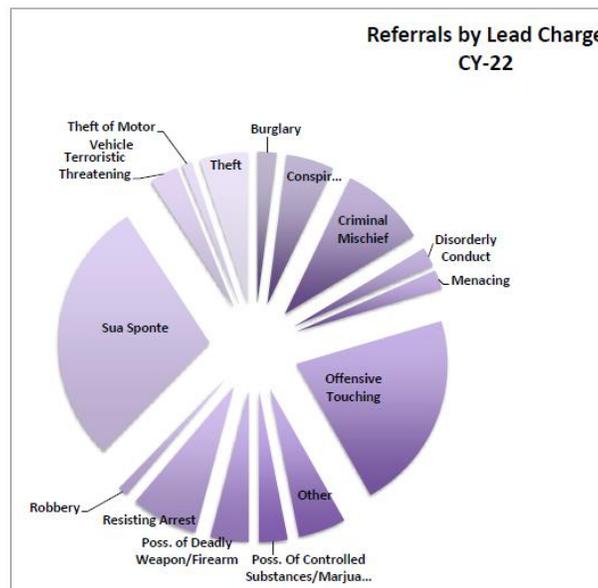


Month	Referrals
JAN	7
FEB	12
MAR	4
APR	13
MAY	5
JUN	8
JUL	6
AUG	6
SEP	11
OCT	17
NOV	12
DEC	12
Total	113



AGE	Total
Age 10 & under	1
Age 11	0
Age 12	2
Age 13	9
Age 14	17
Age 15	25
Age 16	30
Age 17	29
Total	113

74% of youth referred were between the ages of 15-17.



Sua Sponte referrals represent 25% of dual status youth referrals for CY 22

- Foster Care and Treatment Program Managers will conduct or arrange awareness campaigns and trainings on identified strategies around placement stability and support.

Timeframe: July 2023 and ongoing

Measure: Delaware Learning Center documentation of attendance.

Progress Report:

The Foster Care Program Manager provided information and opportunities for coordinators, staff, and private agencies to get information or hear about the Foster Family Support Services and interact directly with the contracted provider to answer questions about the program. Information was distributed to foster parents about the program in a variety of ways, via a flyer in the Bi-Annual Foster Parent Newsletter and via email pushed through coordinators and agency staff workers. Additionally, we have provided information to our Hotline staff about the Foster Family Support Services and information about how to make a referral for a foster family who calls expressing difficulty with a child placed in their home. Additionally, the Foster Care Program Manager has leveraged her role in other multidisciplinary groups and committees to bring awareness about the efforts to improve placement stability and support services to foster families by presenting information about the Foster Family Support Services. One such platform is the CQI: Teens Workgroup on which the Foster Care Program

Manager is an active participant. Information about this program has also been included in the last 2 Stakeholder's meetings in 2022.

The FIRST supervisor is a participant in the CQI: Teens Workgroup. On online training for FIRST was assigned to all DSCYF staff in October 2021 and to all new staff when they begin employment. During FY 22, 120 staff completed the online FIRST Training. An additional 24 staff completed the training in FY 23. Additionally, the FIRST team presented to staff throughout the year:

2/15/22	General Staff Meeting – Sussex
2/28/22	DSCYF Town Hall
3/3/22	Regional Staff Meeting – New Castle
8/18/22	DFS All Management Meeting
2/1/23	General Staff Meeting – New Castle
4/13/23	Lunch & Learn

DSCYF Staff were trained on Dual Status Youth meetings (DSYM) through a live virtual session during FY 22. Seventy-five (75) staff complete the training. The same training was recorded so it could be viewed as a recorded webinar. In FY 22 37 additional DSCYF staff completed the training and 4 in FY 23. There is consideration to adding this training to all new staff who become employed with the agency. The DSY team participated in a general staff meeting for New Castle County DFS on 12/7/22. They are presenting at a DFS Lunch and Learn on 6/6/23.

4. Interstate Compact placements will be monitored by the Interstate Unit for stability and implement interventions to prevent disruptions through collaboration with community-based service contractors.

Timeframe: 2020 and ongoing

Measure: Documentation of monitoring and actions taken to stabilize placements.

Progress Report:

Timeframe used for data is February 1, 2022-December 31, 2022:

The interstate team implemented a monitoring system for placement disruptions of children and youth placed in Delaware. The contract providers notify the interstate team member and supervisor when placement disruptions appear imminent or have occurred. The team tries to preserve the placement and if that is not possible; the interstate team coordinates with the sending interstate office to devise a plan which could include arranging for the child's return to the sending state. Disruptions are addressed in general at the interstate compact unit team meetings, quarterly contract provider meetings and during one-on-one supervision meetings between the Deputy Compact Administrators and unit supervisor. Specific cases are discussed as necessary. From February 1, 2022 through December 31, 2022, there were nine placement disruptions involving seven placement resources.

Six youth returned to the sending state without the opportunity to convene a meeting or intervene in a meaningful way due to immediate removal of the children at the resource's request or by virtue of the sending state removing the children with little or no advanced notice to DE or their own ICPC office. Some of these removals were due to allegations made against the resource which is understandable. Sending states do have the right to remove children who are in their custody and ICPC resources may request removal, immediate or not, of the children as well. In one of these cases, the resource did contact PBH crisis and police due to child's concerning behavior. She was removed the following day by the sending state while her siblings remained in the home. All three children reportedly reunified with their mother a month later.

In respect to two other disruptions there was a history of ongoing communication and planning to stabilize those placements, but ultimately it was determined that safety concerns necessitated removal.

In another case, an immediate safety concern led to the Delaware agency requesting the removal of a child. The relative caregiver filed a PFA against her paramour and left her home with a child and checked into a hotel room. The child was returned to the sending state upon their agreement with the decision.

Objective: Children placed out of the home will have frequent and quality visitation with their families to maintain family connections.

Rationale: Visitation between a child placed out of the home, family, and siblings is important to maintain connections and promotes timely family reunification and establishing timely permanency goals. Visitation maintains the parent/child bond. OSRI case reviews for April-September 2018 for Item 8: Visiting with parents and siblings in foster care rates 91.43% of cases as strength. Item 11: Relationship of child in care with parents is rated 93.33% strength.

Outcome: Foster children will have fewer placement disruptions and stronger family bonds with frequent and quality visitation.

Benchmarks:

1. DFS and Court Improvement Program to continue collaboration to sponsor visitation host programming. Consider program expansion as performance data is evaluated.

Timeframe: 2020 and ongoing.

Measure: Documentation of collaboration and program performance and action taken.

Progress Report:

This benchmark is ongoing. DFS and CIP collaborated on an enhancement to Visitation known as Visitation Hosts. Visitation Hosts are part of visitation policy and is a tool for the case worker’s toolbox for ensuring family connections. The most recent data was compiled by the quality assurance team using the OSRI tool. Delaware performed well on Item 9: Preserving connections was 98% and Item 11: Relationship of child in care to parents was 93% strength in cases reviewed from April 2022 through September 2022. This benchmark’s timeframe is ongoing.

		2018	2019	2020	2021
Item 8	Visiting with parents and siblings in foster care	91%	88%	93%	93%
Item 11	Relationship of child in care to parents	95%	91%	100%	100%

2. Treatment Program Manager and leadership team to monitor monthly caseworker visits and intact family contacts for meeting federal and policy standards. Leadership team to implement interventions to improve frequency and quality as needed. Foster care contact standard is 95%. Team to include OSRI scores for Item 14: Caseworker contacts with child in monitoring, evaluating and implementing interventions.

Timeframe: 2020 and ongoing.

Measure: Documentation of leadership review and interventions to improve frequency and quality of contacts.

Progress Report:

This benchmark is in progress and ongoing. The OSRI measures for the period April 2022 to September 2022 are for Item 14: Caseworker visits with child a strength in 76% of cases reviewed; and for Item 15: Caseworker visits with parents a strength in 64% of cases reviewed.

Caseworker visits are recorded in FOCUS two ways:

- Family Contact: Face to face contact between the caseworker and any person in the household (caregiver, parent or child). Several reports are built to monitor Family Contacts and are shared weekly with the leadership team and supervisors.
- Client Contact: Face to face contact between the caseworker or private agency worker and the child in foster care. This contact also indicates whether to contact was made in the foster home. A report is distributed monthly to leadership team and supervisors.

Family Contacts

The contact policy was updated April 2019. Introduction to Treatment training is offered to all new Treatment Caseworkers and as a refresher for seasoned workers. In person contacts are a large focus in this training. Through case reviews it was determined that the Division struggles in working with intact families. A CQI Intact Family workgroup was developed in February 2020 to identify barriers and come up with solutions to engaging families, especially intact families. Caseworkers, Supervisors, Treatment Program Manager, Administration, and the data team are represented in this workgroup. Data reports are reviewed, and discussion involves barriers to engaging families and ideas to strengthening contact with intact families. Some of the interventions included in our previous year report are provided below with an update:

- Streamline the family contact record in FOCUS. Update: This request has been postponed due to other FOCUS priorities. However, there is current progress on development of the user story that is used to build the record. Currently, the user story is due the week of May 8th with design sessions scheduled beginning May 22. Testing is expected the week of July 31.
- Caseworkers are required to use a Contact Template for all Family Contacts. Update: This continues to need work. This will be managed once the contact record is in FOCUS.
- There is ongoing discussion with CIP, Family Court, frontline staff, and administration around concerns that some families remain open in Treatment when there is a pending Guardianship Petition in Family Court. There are several treatment cases that remain open, without DFS custody, but are “waiting” for guardianship to be granted to relatives/non-relative caregivers. The caregiver petitions for guardianship but the Treatment Case remains open even though the risk is lower, there are no further safety concerns, and the removal parent/caregiver no longer wants to work towards reunification. Update: A Guardianship workgroup was formed to discuss various guardianship concerns. The workgroup updated a Guardianship Checklist that more clearly documents the involvement of DFS, identifies if DFS has concerns with the person petitioning for guardianship, and shares with the court that the case may close the case if no further involvement is needed.
- The Treatment Program Administrator reviewed the supervisory case conference with a team of Treatment Supervisors. Update: The Treatment Program Administrator met with a small workgroup of Treatment Supervisors to amend and update the current case conference record in FOCUS. The user story has been completed and is waiting to move up in the priorities to build in FOCUS.
- The Treatment Program Manager and FOCUS team implemented updates to the Treatment Case Closure to aide in the ease of case closure and ensure necessary information is provided at the time of case closure. Update: This strategy is complete. The new treatment case closure record in in FOCUS production and workers are using this record to close cases. There have been minor updates made, but it more clearly provides details about the case closure.
- The CQI Training series started with Wellbeing Outcome 1: Caseworker Visits with Children and Parents/Caregivers. This mandatory training discussed in detail the importance of frequent and quality contacts with families. This was provided to all staff in 2020 and re-assigned as a refresher to staff in 2022 and to all new staff. In FY 21 there were 100 participants who

completed the instructor led training. In FY 22 35 participants completed the recorded webinar. To date in FY 23, 238 participants completed the recorded webinar.

As a part of a self-assessment to prepare for our Federal Review frontline workers and supervisors participated in several focus groups to discuss additional barriers to quality contacts and engaging with families and to discuss strategies used to engage with families. The supervisor focus group met on 8/10/22 and included 4 agency supervisors who actively participated. Caseworker focus groups were held on 8/2/22 (9 agency participants) and 8/9/22 (10 agency participants). Caseworker and supervisors feel families are more complex and don't want to engage or don't know they have been referred for ongoing services, higher risk families take priority, workload makes it difficult to do everything expected, there is a lack of resources, and sometimes families are difficult to locate. Some of the strategies workers use to ensure they are making quality contacts with the family are the use of due dates in FOCUS, being open/transparent with the family, unannounced visits, Safety Organized Practice tools, schedule in advance/work with the family's schedule, and strength-based conversations.

Client Contacts

The Client Contact Policy was reviewed and updated in April 2019. Recent performance for client contacts for FFY 2021 follows:

Measure 1- % of visits made on a monthly basis by caseworkers to children in FC				
	FFY 2022	FFY2021	FFY2020	FFY2019
# of children in FC	706	650	751	899
# of visits made to children in FC if visited once per month	5400	4856	5765	6805
# of visits made to children in FC	5097	4583	5460	6242
% of visits made to children in FC on a monthly basis	94.94%	94.38%	94.71%	91.73%
(Fed standard >=95%)				
Measure 2- % of visits that occurred in the residence of the child				
# of visits that occurred in the residence of the child	3940	4103	4524	4992
% of visits that occurred in the residence of the child	77.30%	89.53%	82.86%	79.97%
(Fed Standard >=50%)				

This benchmark's timeframe will continue as ongoing for monitoring.

Objective: Ensure timely permanency and reduce reliance on APPLA for older youth through evidence-based interventions including Permanency Roundtables (PRT). Engage caseworkers, staff and foster youth in these approaches.

Rationale: Implement a systematic and methodical set of steps to identify what is needed for each child to achieve permanency by engaging all members of the planning team in order to reevaluate past connections as well as future connections and what commitments, if any, they are able to make to that child. All children exiting the child welfare system achieve permanency through meaningful lifelong connections.

Outcome: Permanency Roundtables increase opportunities for the planning team to engage youth and ensure permanency goals are being met and they exit care with meaningful lifelong connections.

Benchmarks:

1. DFS staff to implement Permanency Roundtables statewide targeting cases prior to consideration of APPLA plan choices to exhaust all options for permanency and meaningful connections. Continue to monitor outcomes and refine the practice.

Timeframe: August 2019 and ongoing.

Measure: Documentation of roundtable frequency and outcomes using system and case review data.

Progress Report:

This benchmark activity is complete. Permanency Roundtables are utilized as a tool to achieve relational permanency for youth in Delaware. Permanency Roundtables were implemented statewide in August 2019 and are available monthly. Research shows that the more healthy the relationships a youth has, the more likely they are able to heal from trauma. To date, Delaware has completed Permanency Roundtables and follow up for 28 youth in Delaware. The youth have been age 9 - 18. Delaware has had one youth exit care who had a Permanency Roundtable with a permanent guardian. Delaware has another youth who is residing with his adoptive family and waiting for the court to finalize his adoption and a third youth who an adoptive family has been identified. The continued goal is to refer a youth when the team believes that they have exhausted all resources or when a youth says no to permanency. Permanency Roundtable training has been provided to staff and stakeholders since 2021 to encourage the practice and to provide knowledge of the benefits of both legal and relational permanency and how to utilize the Permanency Roundtable as a tool for all youth in foster care in the state of Delaware. A Request for Proposal posted on April 14, 2023, for the purpose of awarding one or more contracts to provide evidence child-focused recruitment service model to identify legal and relational permanent resources for foster children with a plan of adoption, guardianship or another planned permanent living arrangement (APPLA). The successful bidder will partner with the Dave Thomas Foundation for Adoption (DTFA) and the state of Delaware Division of Family Services (DFS) to hire and train up to three (3) Wendy's Wonderful Kids (WWK) child focused recruiters and implement the WWK child focused, evidence-based recruitment model. The WWK recruiters will participate in Permanency Roundtables. This benchmark's timeframe will be updated to ongoing for monitoring and continue to report outcomes and data related to the practice.

2. The Adoption Program Manager to collaborate with Call to Adoption partners to engage teens in recruitment activities and continue permanency training by Darla Henry and Associates, Inc.

Timeframe: 2021 and ongoing.

Measure: Documentation of completion of events and teen permanency data measures.

Progress Report:

This benchmark is ongoing. In Calendar Year 2022, forty (40) children exited foster care by adoption. Fifteen percent (15%) of these adoptions were children aged 12 - 18 years old. On November 19, 2022, the Interagency Committee on Adoption in Delaware celebrated National Adoption Day in person. This was the first in person celebration since 2019. As part of the celebration, there were four (4) adoption finalizations. One of these finalizations was an adult adoption! The young adult was adopted with his 12-year-old brother. Delaware continues to have four contracts to offer My Life and Child Specific Recruitment to children and youth in Delaware. The 3-5-7 Model is a state-of-the-art, evidence informed relational practice supporting the work of children, youth, individuals and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. My LIFE and CSR services have been provided since February 8, 2011, via DFS special needs adoption contracts with A Better Chance for Our Children, Bethany Christian Services, Children and Families First, and Children's Choice. The My Life program is available to all children and youth with a permanency plan of adoption, guardianship and APPLA. Child Specific Recruitment also includes the child's voice in recruitment activities. My Life workers and Child Specific Recruitment workers meet quarterly to discuss cases and how to continue to engage youth.

The Division of Family Services has partnered with the Dave Thomas Foundation for Adoption (DTFA) and posted a Request for Proposal (RFP) on April 14, 2023. The purpose of the RFP is to award one or more contracts to provide evidence child – focused recruitment service model to identify legal and relational permanent resources for foster children with a plan of adoption, guardianship or another planned permanent

living arrangement (APPLA). The successful bidder will partner with the Dave Thomas Foundation for Adoption (DTFA) and the state of Delaware Division of Family Services (DFS) to hire and train up to three (3) Wendy's Wonderful Kids (WWK) child focused recruiters and implement the WWK child focused, evidence-based recruitment model.

Delaware has also partnered with a local videographer to develop videos of youth we are currently recruiting families. To date, twenty-one (21) videos have been completed and there are more to come. The videos are shared on the state of Delaware, DSCYF Heart Gallery: <https://kids.delaware.gov/family-services/heartgallery/> Additionally, they are used by individual recruiters for recruitment. The state of Delaware Division of Family Services also partnered with a local shopping mall to build a wall to promote foster care and adoption in Delaware. The wall features some of the youth that the Division of Family Services (DFS) are recruiting families. It also includes contact information for the Adoption and Foster Care programs. This benchmark's timeframe continues to be ongoing for evaluation and refinement to support teen permanency.

Objective: Prevent post-adoption disruptions.

Rationale: Delaware has a growing number of post-adoption disruptions resulting in foster care reentries. Five percent of children in foster care during April 2018–March 2019 were adoption disruptions. Several children are in intensive residential care facilities. Delaware established a CQI Post Adoption Prevention Workgroup. The team is gathering and analyzing data on the number of previously adopted children that are currently involved with not only DFS but other sister agencies. This team will recommend actions to strengthen services to prevent adoption disruptions. An early theory of change is to communicate available service at various points to adoptive families. The Adoption Program Manager is contracting for an adoption navigator to intervene with adoptive parents seeking assistance, information and help navigating community-based services. The navigator will also intervene with subsidy and Medicaid issues.

Outcome: Fewer adopted children will reenter foster care.

Benchmarks:

1. The CQI Post Adoption Disruption Prevention Committee to improve awareness of post adoption services for staff, community partners and families.

Timeframe: 2020 and ongoing.

Measure: Documentation of presentations, information sharing and data on disruptions. Number of post adoption referrals, where the referrals are coming from and outcomes.

Progress Report:

CQI Post Adoption Disruption Committee had found that contributing factor to adoption disruption is the need to strengthen the workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. This committee has spearheaded a campaign to increase awareness. Over the past year, the training on post adoption services was provided to congregate care staff, child placing agencies (foster care only), foster home coordinators, PBH staff, Department of Education guidance counselors and social workers, and a contracted agency Mental Edge. On 9/27/22, adoption program manager presented information on post adoptive services at a DFS Lunch and Learn. Information was also presented at an Adoption Coalition panel. Post-permanency service information is shared with kinship families. Post adoption contracted agencies have begun calling families within 30 days of finalization, again at six months, one year, and with each subsidy renewal. DFS adoption worker also continues to send post adoption information with yearly agreement renewal request. Contracted agencies have also begun sending child age related information sheets to adopted parents. The post-adoption training is on the Delaware Learning Center and has been assigned as required training for DFS staff. The

committee members have begun reaching out to YRS and PBH leadership to request that this training be a requirement for all YRS and PBH staff. A video was created highlighting post-adoption services to promote to families. It has been online since its debut at the agency hosted National Adoption Day celebration in November. Post-adoption permanency information is available on the Department website: <https://kids.delaware.gov/family-services/post-adoption/>.

The need for information about disrupted adoptions and guardianship cases requiring DFS intervention or post permanency services led to the creation of new fields in the FOCUS hotline and FAIR/Investigation risk assessment event that asks if the intake involves an adoptive or guardianship family. A report was built that pulls this information for all screened in and screened out hotlines and completed risk assessments. Report is sent out weekly to adoption program manager. Adoption program manager reviews the report every week to see if the family is already involved in post-adoption services and reaches out to or has provider agency reach out to offer post-adoption information and services to those not already served. Manager also discusses the services and referral with the investigation or FAIR worker to help inform them of the situation. From July 2022 until May 2023, 731 hotlines and 222 completed risk assessments involved adoptive or guardianship families. Contract agencies report that they have seen an influx of referrals since this report review and reach out has occurred. In future, it is the hope that data can be obtained to show how many families from these reports resulted in post permanency services being provided.

2. The CQI Post Adoption Disruption Prevention Committee to strengthen the workforces' knowledge of trauma informed practice as related to adoption. In addition, will increase and improve services for pre-adopt and post-adopt children.

Timeframe: 2020 and ongoing.

Measure: Documentation of trauma informed presentations and training opportunities, data from survey and training attendance and service descriptions and outcomes.

Progress Report:

The committee had found another contributing factor to adoption disruption is the need to strengthen the workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. During the past year, the adoption competency certification program began at Springfield College It was also decided to expand the program to allow people who are not therapists or counselors to apply for the program. Emails regarding the program including the expanded program's availability have been sent out to department staff and providers. The certification program at Springfield College currently has 12 enrollees. The National Adoption Competency Mental Health Training Initiative training modules for child welfare professionals, child welfare supervisors, and mental health professionals continue to be offered in the Delaware Learning Center. Global emails to promote the training continue to be sent out to all department staff and contracted providers. As of 5/17/23,

DSCYF staff only:

- *NTI Child Welfare Professional Training*
 - 16 completed, 50 in progress, 8 registered, not started
- *NTI Mental Health Professional Training*
 - 1 completed, 39 in progress, 16 registered but not started
- *NTI Child Welfare Supervisor Training*
 - 1 completed, 12 in progress, 4 registered, not started

External Users only (including OCA, CASAs and contractors):

- *NTI Child Welfare Professional Training*
 - 4 in progress

- *NTI Mental Health Professional Training (no inactive change)*
 - 1 registered but not started
- *NTI Child Welfare Supervisor Training (no inactive change)*
 - 2 in progress, 3 registered, not started

A Better Chance for Our Children, post adoption services, had sponsored a free therapy training series, Moving Beyond Trauma Informed Incorporating Neuroscience into Practice to Improve Treatment Outcomes. Because of the high volume of continued interest, the training has been offered again this year. Currently, two cohorts of therapists are going through the training series. The committee is presently working on expanding awareness to community therapist and professions regarding these training opportunities. Options being considered are having grants and contracts unit send the information to the DSCYF contracted providers, PBHS send the information to the Prevention Network, and NAFW send to its members. The committee members are exploring having Highmark and Aetna provide information to their provider network. Members may also reach out to the Board of Professional Regulations and the Sex-Offender Management Board as it has a list of providers that serve a high crossover of that population and post-adoption.

Objective: Children placed in Delaware via the Interstate Compact on the Placement of Children achieve timely permanency.

Rationale: Children placed in Delaware via the Interstate Compact deserve timely permanency planning. These children’s length of stay until exit from foster care is not tracked by Delaware as they are under the jurisdiction of sending states.

Outcome: Timely permanency for foster children placed through the Interstate Compact on the Placement of Children.

Benchmarks:

1. Interstate Unit to establish baselines for length of time children are placed with a Delaware resource by state and county as applicable.

Timeframe: Ongoing for tracking

Measure: Child count by permanency plan and length of stay from date of placement to permanency achievement using 9 months as a standard timeframe.

Progress Report:

Interstate Unit is not focused on 9 months in placement as a baseline measure in respect to legal permanency. Children placed in Delaware entered care in their respective states at different times. The length of time children are in care in their home states prior to placement in Delaware can range from weeks to years and therefore a uniform measure is not relevant. The graph below indicates CY 2022 permanency outcomes for children placed in Delaware through ICPC as well as the number of children placed in CY 2022 through ICPC.

Case Type	Total for 2022
Guardianship	5
Legal Custody to Parent	10
Legal Custody to Relative	12
Reached Majority	2
Adoption/Public	15
Adoption/Private	6
DE Receiving/Placements	71
DE Sending/Placements	121

2. After 9 months of being placed in a Delaware foster home (related or unrelated caregiver) or with a parent or relative, the interstate team and community-based contractor evaluate the placement progress, barriers and next step towards permanency.

Timeframe: 2020 and ongoing.

Measure: Documentation of case reviews and actions taken to facilitate permanency.

Progress Report:

Progress reported for CY 2022. The interstate team continues to collaborate with agency and interstate compact partners and operate in the best interest and well-being of youth in care. Collaboration is demonstrated through continuous monitoring of caseloads and any areas of concern through effective and frequent communication amongst the team and partners. Procedures are in place to track length of stay, quarterly progress reporting, communications with sending states and next steps to achieve permanency. Contract provider agencies are instructed to include inquiries about legal permanency in quarterly reports which are submitted to the sending states. Legal permanency is emphasized as a priority during quarterly contract provider meetings as well. Provider agencies are also encouraged to request from the sending states any court orders issued during a child's placement in addition to permanency status updates. The children placed in Delaware through the ICPC are in the custody of the sending state, therefore, the agencies have little control over the direction of each case. Barriers limiting progress include jurisdictional challenges, extended reunification efforts, COVID-19 pandemic, change of plan by caregiver, delayed documentation needed to achieve permanency and adherence to Adoption and Safe Families Act time frames. Benchmark will continue.

Well-Being

Goal: Families have the capacity to meet their own needs.

Rationale: Families are experts on their family. With support, families can be encouraged to develop their own goals and action steps. When families are empowered to make decisions, they are more likely to participate in planning and services. Safety Organized Practice is DFS' practice model. The model relies on strength-based assessment and planning using family engagement strategies. Delaware exceeds the national standard for recurrence of maltreatment per the CFSR Round 3 data profile for FY2016-2017. OSRI results for April-September 2018 score 78.89% as strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% for Item 13: Child and family involvement in case planning. Item 12A: Needs assessment and services to children finds 88.89% of cases rated strength; and 87.32% rated strength for 12B: Needs assessment and services to parents. Stakeholders agree caseworkers encourage parents and children to participate in case planning, and caseworkers have meaningful contact with parents to ensure safety and to achieve goals. Stakeholder also say family team meetings should be practiced more frequently, and that parents don't feel supported when caseworkers focus on negative behaviors and history.

Measure: Onsite Review Instrument case review performance is the primary measure for this goal: Item 12: needs and services of child, parents, and foster parents, Item 13: Child and family involvement in case planning, Item 14: Caseworker visits with child, and Item 15: Caseworker visits with parents. Performance goal for each of these items is 95% rated as strength. A companion measure is the rate of recurrence of maltreatment; performance goal is to meet national standard set at 9.5% per CFSR Round 3 data profile.

Performance:

	National Performance	Delaware Baseline	Delaware OSRI Case Reviews (n=90)			
		2015 Round 3	April -Sept 2021	Oct 2021- March 2022	April -Sept 2022	Oct 2022- March 2023
Well-Being Outcome 1	36%	70%	77%	70%	61%	68%
Well-Being Outcome 2	82%	98%	96%	98%	100%	96%
Well-Being Outcome 3	57%	83%	96%	90%	93%	96%

For Well Being Outcome 1 (Items 12, 13, 14 and 15), Delaware’s 2015 CFSR baseline performance was 70%, national performance was 36%. Delaware is well above the national performance and has fallen below the baseline in the last 2 reporting periods. Delaware has not met the 90% performance goal for this outcome.

Delaware showed some improvement and some drops in performance on the individual items out Well Being Outcome 1. This demonstrates the need to support the work on case worker visits to help improve outcomes as indicated in various benchmark activities.

OSRI Case Review Measures				
Well Being Outcome 1- Items 12, 13, 14 & 15				
Measurement Period	Item 12- Needs & Services	Item 13- Involvement in planning	Item 14- Caseworker visits with child	Item 15- Caseworker visits with parents
Oct 2020 – Mar 2021	62%	66%	74%	55%
Apr 2021 – Sep 2021	77%	78%	83%	72%
Oct 2021 – Mar 2022	70%	74%	77%	67%
Apr 2022 – Sep 2022	61%	66%	76%	64%
Oct 2022 – Mar 2023	68%	70%	72%	73%

Delaware scores better than national performance on reoccurrence of maltreatment since the onset of CFSR Round 3 measures. Per the January 2022 CFSR 3 Data Profile, Delaware scores a 4.0% on reoccurrence of maltreatment, exceeding the national standard of 9.5%.

Objective: To have strong family engagement in assessment, planning, and services through family contacts, safety organized practice, and implementation of family team meetings. Utilize family engagement strategies to produce effective family interventions. To practice Safety Organized Practice with fidelity.

Rationale: Families and youth are experts on their family and situation. Partnering with families and youth will help individualize services and provide the right services for the family. When families are partners and have a role in developing planning, they are more likely to engage and participate in services and case planning activities. OSRI ratings for Item 13: Child and family involvement in case planning, Item 12A: Needs assessment and services to children and 12B: Needs assessment and services to parents are below the performance goal of 95% of cases rated strength. Stakeholders say family teaming is gaining momentum and there are strong efforts to locate relatives and others to prevent entry into foster care.

Outcome:

Safety and well-being outcomes improve when parents and youth are active in assessment, planning and service delivery activities.

Benchmarks:

1. The CQI Intact Family Committee/Family Engagement Workgroup to evaluate and implement interventions to strengthen the application of Safety Organized Practice, principles, strategies, and tools. Encourage frontline staff and supervisors to participate in working groups.

Timeframe: September 2021 and ongoing

Measure: Documented workgroup minutes with attendees, strategies and outcomes

Progress Report:

This benchmark was combined with the CQI Intact Family Committee work. There is extensive details for the work of the group around the application of Safety Organized Practices. Frontline workers and supervisors participate in the committee. This benchmark will be removed.

2. Use a continuous quality improvement framework to monitor and improve Safety Organized Practice fidelity by reviewing DFS data, quality assurance case review reports and stakeholder input with regional managers, supervisors and caseworkers. Develop a tool to be used by reviewers to assist in identification of Safety Organized Practice. Identify areas needing improvement and implement corrective actions.

Timeframe: December 2021 and ongoing.

Measure: Documentation of evaluating, recommending interventions and impact on child and family outcomes.

Progress Report:

This benchmark has been combined in other areas of the plan with the CQI committees doing the review and monitoring and the work from the SDM® Fidelity Team that is working with Evident Change, contractor for the SDM® screening tools. They were supposed to provide case reading training to Delaware staff in 2022 but work on the case reading manual is still under review from their team. The training will be in 2023.

Goal: Foster youth are equipped to meet their own needs.

Rationale: Responsible and self-sufficient young adults are those youth equipped to meet their own needs using natural supports and community resources. The agency's goal is to prepare foster youth for adulthood utilizing assessment tools focusing on five basic objectives: education, employment, housing, well-being and money management. Fifty-nine percent of youth 18-21 years old during January-April 2019 reported having received either a high school diploma, GED or vocation certificate; and 46% reported being enrolled and attending an education program. Graduating with a diploma or certificate is the first step to obtaining a job and self-sufficiency. During the first quarter of CY2019, 88% of youth 18-21 reported having received employment related skills with 51% either working full time or part time jobs. Data gathered from January-April 2019 reports 86% of youth ages 18-21 were living in either a college dorm, with a relative or non-relative, had their own housing, lived in supportive permanent or transitional housing, or were in the military. More specifically, 32% of this population reported living on their own. Youth living on their own, in supportive housing or dorms represent over three-quarters of the independent living participants have developed the tools to obtain safe housing. Life skill training and experiences are provided by foster caregivers, and through individual and group interventions by contracted independent living caseworkers

statewide. During July 2018 through March 2019 all youth reported having a connection to supportive adult. Stakeholder surveys have higher rates of disagreement that caseworkers assist youth with establishing adult support networks. Stakeholder comments from this past year noted that youth could be more prepared for self-sufficiency and independence. Stakeholders want higher high school graduation rates for foster youth. Foster youth say they face barriers obtaining driver's licenses and insurance. See Section II. Assessment of Current Performance in Improving Outcomes for case planning, contact and service array as they contribute to preparing youth for adulthood. Delaware makes a strategic choice based on data, stakeholder input and performance measures, to improve outcomes for foster youth and young adults in the independent living program. Strong interventions at this age promote healthy childhoods for the next generation.

Measure: Primary measures for this goal are rates of high school graduation, rates of employment, rate of safe housing, rate of youth reporting connections to supportive adults. Outcome surveys on youth receiving independent living services, using National Youth in Transition Database elements, is the source data. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 95% of youth are connected to a supportive adult. Companion measure will be number of youths reporting post-secondary education enrollment with a goal of 35%.

Performance:

As of 6/1/23, there are 332 active referrals for formal Independent Living services, 163 are still in care and 35 that have aged out of care are currently being served in transitional living programs. Of the 292 youth that were over the age of 18 and had an IL service outcome record entered from 4/1/22 to 5/1/23, 207 are reported as have either full or part time employment at some point (71%). Of the same time and population, 176 achieved either a high school diploma, Associates/Bachelor's degree (4) or vocational certificate/license (60%).

Objective: To achieve higher rates of high school graduation, promote and support the UGrad program with Kind to Kids. Share information about the program with DFS staff, along with contracted independent living providers in an effort to connect youth to resources.

Rationale: Youth in foster care experience trauma. While coping with these traumas, and healing, youth sometimes need extra supports to help them succeed in school. Youth may not know of the UGrad program, therefore sharing program descriptions and protocols with caseworkers that support the youth, will in turn connect the youth with the resources they need.

Outcome: With the support of the UGrad program, youth will more likely graduate high school.

Benchmarks:

1. Independent living team will partner with Kind to Kids to distribute UGrad brochures and contact information to relevant staff. The Independent Living team will review the youth served and outcomes of the program to determine effectiveness.

Timeframe: Ongoing through 2024

Measure: Documentation of promotional events for UGrad programming, count of number of youths served and outcomes.

Progress Report:

This benchmark of partnering with Kind to Kids Foundation has been achieved and the program continues to grow. The program has been established and continues to expand as the program matures. DFS continues to work with Kind to Kids to promote the program with staff, schools and caregivers. The UGrad Education Academy program for Delaware's children in foster care has grown tremendously since April 2019. We have grown our staff as well as children served. In fall of 2022, the program expanded include children as young as kindergarten to participate in the program. The

program now serves children in kindergarten through college/trade school. The sooner we can intervene in a child's education and give them the fundamentals they need for their educational success, the more productive they will be academically. Since April 2022, we have served 150 foster care children and youth in the state of Delaware total. More details are reported under a different benchmark under service array. This benchmark continues for partnership and support for the program and is ongoing.

Objective: Increase opportunities for safe and affordable housing on campus at post-secondary education institutions by replicating the current program at Delaware State University by expanding to other schools in different counties.

Rationale: Delaware wants to increase the number of young adults enrolled in post-secondary education. The partnership with Delaware State Housing Authority allows youth to receive state funded rental subsidy vouchers to cover the dormitory housing costs, which in turn, eliminates the costs of housing for youth. Eliminating housing costs provides opportunities for youth to afford housing while attending post-secondary education.

Outcome: More youth will enroll in post-secondary education programs and have safe housing.

Benchmarks:

1. The Independent Living Program Manager will develop a partnership with post-secondary education institutions to expand the partnership with Delaware State Housing Authority to provide opportunities for free on-campus housing for eligible youth. Monitor outcomes for young adults attending post-secondary education and support HB 123.

Timeframe: June 2021

Measure: Documenting partnership with a post-secondary educational institutions and outcomes for young adults.

Progress Report:

This benchmark was changed last year to reflect the passing of the HB 123 that provided the support for youth in post-secondary education with free tuition and housing. The work of this benchmark is to continue to partner with the colleges in Delaware to support youth attending post-secondary education. HB 123 certifies that University of Delaware, Delaware State University and Delaware Technical Community College will waive all tuition, fees and room and board for youth attending their school, who has experienced at least one year of foster care in Delaware after the age of 14. HB 123 passed July 1, 2021. For DSU and Del Tech, housing vouchers can be used to reduce the room and board expenses and for University of Delaware, students attending full-time can have room and board waived without an SRAP voucher. Delaware State Housing Authority (DSHA) covers the remaining 'rent' cost for vouchers. This program provides an avenue for youth to live on campus year-round since the vouchers are designed to cover rent for 12-months. There is a shared email resource mailbox for questions and inquiries which is monitored each week and used to provide youth with verification they're eligible for the tuition waiver program. An additional effort to decrease costs associated with attending a post-secondary educational program has been made by the Office of the State Treasury (OST). OST is creating a grant program for youth who've experienced foster care in Delaware. DFS and OST collaborated throughout the year, sharing data, ideas, and policy to create the program. The grant went into effect in 2022 and youth can use it to cover indirect costs they have associated with attending post-secondary school. This benchmark's timeframe will be ongoing for monitoring of the support and the measure will be updated to review the youth served and outcomes.

Objective: Increase the percentage of youth who have part-time employment and full-time employment.

Rationale: Job readiness training and employment counseling prepare youth for entering the workforce. DFS partners with Jobs for Delaware Graduates (JDG) to provide employment training and counseling. Job shadow experiences allow youth to get firsthand knowledge of job responsibilities and what certain careers entail. Providing opportunities for youth to engage with employers also allows youth to learn what qualifications and expectations potential employers are looking for. These experiences will help youth with career choices. Delaware seeks to improve employment rates for youth receiving independent living services.

Outcome: Rates of youth receiving independent living services and reporting employment will rise.

Benchmarks:

1. The Independent Living Program Manager will continue partnership with Jobs for Delaware Graduates to provide employment support services.

Timeframe: 2020 and ongoing.

Measure: Documentation of JDG services rendered and number served.

Progress Report:

This benchmark is in progress. The Independent Living Program contracts with Jobs for Delaware Graduates to support the employment training and counseling to youth. There are regular meetings with them, and they participate in HOPE meetings to provide information to youth about their services. They are a vendor at the annual HOPE conference. Between July 2022 to April of 2023, JDG provided services to 40 youth. This benchmark's timeframe will continue as ongoing for monitoring and outcome measures.

2. The Independent Living Program Manager will lead efforts to develop a year-round job shadowing program. This will include drafting a proposal for the leadership team approval, forming partnerships with community agencies, and developing procedures for both youth and employers based on collaborative workgroup direction.

Timeframe: March 2024.

Measure: Documentation of proposal, leadership's response, workgroup outcomes, partnerships and procedures.

Progress Report:

This benchmark is in progress. The Independent Living Program continues to collaborate with the Department of Labor youth providers. One of those youth providers, Delaware Futures, attends the annual HOPE conference as a vendor to provide information to youth about their services including connecting them to resources and other services. They provide opportunities for youth to do internships, job shadowing and on-site experience with employers in the community. The IL program also met with Job Corps - Community Relations to learn about resources for youth to take advantage of to promote career and education goals. There is no change to this benchmark's timeframe.

Objective: Foster youth to obtain driver's licenses and insurance coverage.

Rationale: Youth that are able to provide their own transportation have more opportunities for employment, education, healthy connections to others and normal youth activities.

Outcome: Obtaining a driver's license and car insurance promotes self-sufficiency. Increase in positive outcomes for foster youth and young adults will be achieved when barriers for attaining a driver's license are removed for foster youth.

Benchmarks:

1. The Independent Living Program Manager will research national models, organize partners to sponsor legislation and funding to remove barriers to foster youth obtaining driver licenses and car insurance coverage.

Timeframe: June 2024.

Measure: Documentation of efforts to secure legislative and private support for foster youth to obtain driver licenses and car insurance coverage.

Progress Report:

This benchmark is in progress. In June 2022, Senate Substitute No 1 for Senate Bill no 151 was passed. This created a path for the Office of the Child Advocate (OCA) to develop a program with funding to support youth in getting their driver's licenses. DFS participated with OCA in their development and launch of their Paving the Way to Adulthood program in May 2023. OCA in partnership with DFS and Delaware Motor Vehicles (DMV) are reducing barriers for youth to get a driver's license and meet the various requirements. OCA is able to issue financial support to caregivers who put minors on their driver's insurance or to aged out youth who have car insurance to help defray the cost of driving. The DFS policy on youth driver's licenses has been updated in 2023 to support the new OCA program and support staff in planning for driver's licenses for their youth. This benchmark is ongoing.

Goal: Foster children taking psychotropic medication also receive mental health counseling.

Rationale: The health and well-being of foster children is a top priority of Delaware's child welfare system. Delaware has developed an oversight and monitoring system for all children as they enter foster care as part of a larger nationwide effort. This effort has a goal to reduce overreliance on psychotropic medications for managing challenging behaviors in youth in foster care. At the development of this plan, all children who enter foster care were screened by the Office of Evidence-Based Practice's (OEBP) screening team to evaluate their mental health needs. OEBP has moved from child welfare and screenings are provided by other partners. A foster child's medical history, including psychotropic medication history, is reviewed by the pharmacy consultant. OSRI case reviews for April-September 2018 find 100% rated strength for Item 18: Mental/Behavioral health of the child. It is well-established best practice that children who are taking psychotropic medications also be involved in mental health counseling unless otherwise clinically indicated. For CY2018 26% or 294 foster children were prescribed psychotropic medications. Another measure is the number of foster children taking antipsychotics and not in mental health treatment. In CY2018, 5% or 53 foster children were prescribed antipsychotic medications without counseling. Stakeholders express concern for children receiving psychotropic medication without counseling.

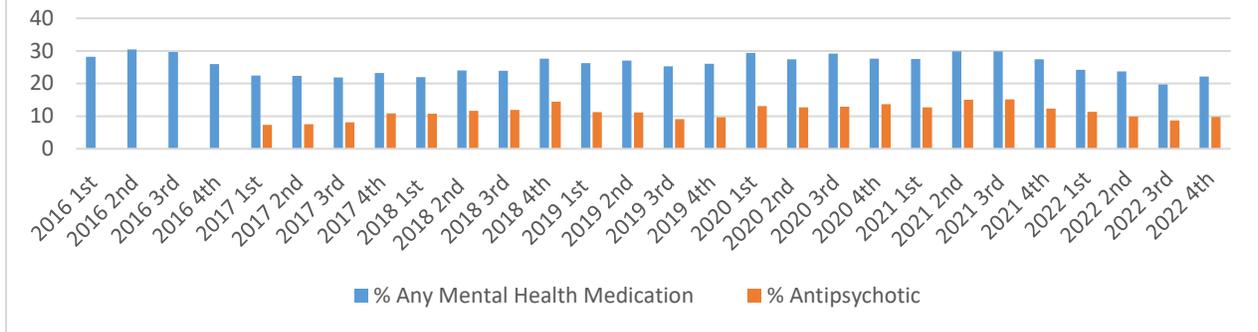
Measure: The primary measure for this goal is the percentage of foster care youth taking psychotropic medications and antipsychotics and not in counseling. This is obtained through Medicaid utilization data and internal data in our FOCUS system. The goal for this measure is to lower the percentages from the CY2018 baselines: 26% of foster children take psychotropic medication without counseling (N = 294), and 5% of all foster children take antipsychotic medication without counseling (N = 1,108).

Performance:

Annually, the population is examined to see what fraction are receiving any psychotropic medication, what fraction are receiving a medication in the antipsychotic class, and what subfractions have had a claim billed to Medicaid for mental health counseling.

Overall, medication use has declined compared to 2021 in both percent and absolute numbers

DFS Youth: % on Any Mental Health Medication vs % on Antipsychotic (by quarter)

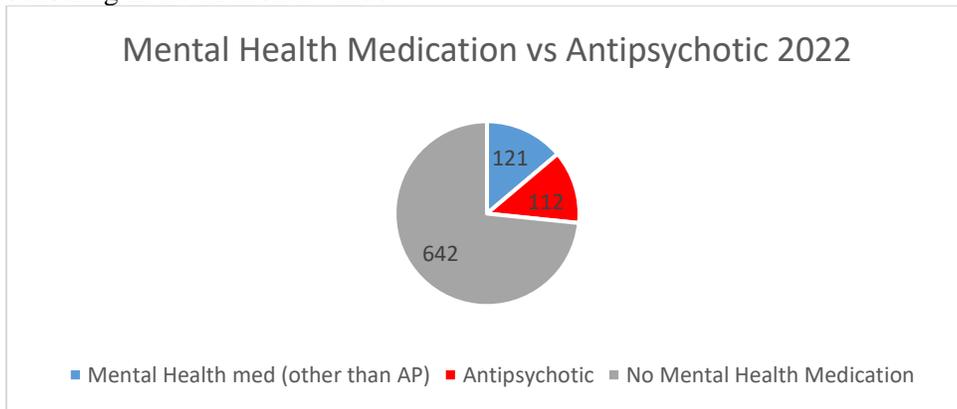


Quarter	% Any Mental Health Medication	% Antipsychotic	total DFS	Count Any Mental Health Medication	Count Antipsychotic
2016 1st	28.19	Not measured	855	241	Not measured
2016 2nd	30.45	Not measured	880	268	Not measured
2016 3rd	29.63	Not measured	881	261	Not measured
2016 4th	25.96	Not measured	890	231	Not measured
2017 1st	22.46	7.3	877	197	64
2017 2nd	22.32	7.56	887	198	67
2017 3rd	21.88	8.16	882	193	72
2017 4th	23.21	8-Oct	896	208	97
2018 1 st	21.94	10.74	866	190	93
2018 2 nd	24	11.63	825	198	96
2018 3rd	23.92	11.96	836	200	100
2018 4th	27.61	14.5	779	217	114
2019 1st	26.27	11.22	723	192	82
2019 2nd	27.07	11.19	724	196	81
2019 3rd	25.31	9.13	723	183	66
2019 4th	26.03	9.67	703	183	68
2020 1st	29.38	13.09	657	193	86
2020 2nd	27.45	12.73	652	179	83
2020 3rd	29.14	12.93	580	169	75
2020 4th	27.64	13.64	550	152	75
2021 1st	27.5	12.71	527	145	67
2021 2nd	29.85	15.02	526	157	79
2021 3rd	29.87	15.12	529	158	80
2021 4th	27.46	12.32	568	156	70
2022 1st	24.23	11.36	590	154	67
2022 2nd	23.72	9.88	607	144	60
2022 3rd	19.77	8.66	612	121	53
2022 4th	22.17125	9.785933	654	145	64

One change compared to 2021 is that there are more total youths entering care. While there is little difference in enrolment over age 6, the population includes almost 80 more youths age 0-6.

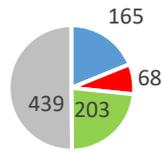
Utilization of any Mental Health Medication (psychotropic) and counseling claims based on age group CY2022:				
	Age 0-6	Age 7-11	Age 12+	Age 0-18
No Mental Health Medication	355	99	189	643
Mental Health Medication	8	35	189	232
MH medication with Counseling	6	30	129	165
MH medication without Counseling	2	5	60	67
Antipsychotic	1	14	96	111
Antipsychotic with Counseling	0	10	60	70
Antipsychotic without Counseling	1	4	36	41
Total	363	134	378	875

There were 7 youths identified under age 12 who have claims for mental health medications without any claims for counseling in the 12 month window.



CY2021: Psychotropic (any) Medication and Antipsychotic Medication	
All DFS Youth (all year 2022)	875
Mental Health medication	233
Mental Health med (other than AP)	121
Antipsychotic	112
No Mental Health Medication	642

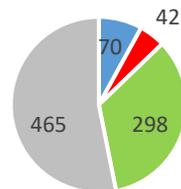
Mental Health Medication and Counseling 2022



- Receiving both mental health medication and counseling
- Mental health medication alone
- Counseling without MH medication
- Neither Mental Health Med nor Counseling

CY 2022: Psychotropic (any) Medication and Counseling	
All DFS Youth	875
Receiving both mental health medication and counseling	165
Mental health medication alone	68
Counseling without MH medication	203
Neither Mental Health Med nor Counseling	439
Counseling (regardless)	368
MH Med (regardless)	233

Antipsychotic and Counseling 2022



- Receiving both Antipsychotic and counseling
- Antipsychotic alone
- Counseling without Antipsychotic
- Neither Antipsychotic nor Counseling

CY 2022: Antipsychotic Medication and Counseling	
All DFS Youth (all year 2022)	875
Receiving both Antipsychotic and counseling	70
Antipsychotic alone	42
Counseling without Antipsychotic	298
Neither Antipsychotic nor Counseling	465
Counseling (regardless)	368
Antipsychotic (regardless)	112

Objective: Coordinate appropriate mental health counseling for foster children taking psychotropic medications.

Rationale: Connecting foster care youth to mental health counseling services at the time of entry into foster care should increase the percentage of youth on psychotropic medications and in mental health counseling. By working with providers, workers, and foster parents, OEPP staff can assist in getting foster care youth the mental health services they need. If the youth has been successfully discharged from mental health counseling and is maintained with psychotropic medications alone, the clinical justification for this can be explained and documented. Stakeholders express concern for children receiving psychotropic medication without counseling.

Outcome: The percentage of youth in care receiving psychotropic medications and mental health services will increase; children will be engaged in best mental health treatment practices.

Benchmarks:

1. Children entering foster care who are on psychotropic medications but not receiving mental health counseling will be referred for mental health counseling services by the Division of Prevention and Behavioral Health Services' Quality Improvement Team.

Timeframe: 2020 and ongoing.

Measure: Documentation of medication review for children entering care and referrals to mental health counselling for children taking psychotropic medications and not in counseling.

Progress Report:

This benchmark is in progress. All children entering care (4 and older) are referred to a contract provider, Delaware Guidance Services Inc., who conducts a developmental and mental health screening, engages the child, foster parent, and other team members in completion of the assessment and the development of recommendations. The assessor also can assist with short term crisis intervention, connection and referral to resources and support via phone contact with the care provider. For children under four entering care, the assigned caseworker gathers information regarding the child and completes a referral to Child Development Watch where warranted.

In addition to relying on the screening process to identify children taking psychotropic medications who are not in counseling, the Division of Family Services also contracts with a consultant to review Medicaid claims history for all children entering foster care. Using this claims history, the consultant pharmacist is another avenue for identifying children taking psychotropic medications but not receiving counseling. The Medicaid claims data is summarized in the annual pie charts and the quarterly bar charts shown above.

A third method specific to antipsychotic use is built into the FOCUS computer tracking system. This process is initiated if an antipsychotic is documented on the client medication screen when added by a case worker, pharmacist, or other user. Whenever any youth in care starts an antipsychotic, the consulting pharmacist is contacted to reach out to the prescriber's office to check that mental health counseling. This process also checks for metabolic monitoring and other parameters in accordance with guidelines based on the Healthcare Effectiveness Data and Information Set (HEDIS). This benchmark's timeframe is ongoing for monitoring.

Quality Assurance System

Goal: Embed continuous quality improvement principles in decision making across all functions to improve infrastructure, workforce, services, and outcomes.

Rationale: Healthy child welfare systems need to continually evaluate processes and performance to make measured improvements in child and family outcomes. Data informed decision making sustains productive

programming, ensures balanced resource allotment and supports new initiatives. DFS uses system reports for measuring performance against national standards, and case review results for measuring case level safety, permanency and well-being elements. Stakeholder input and system data reports inform systems performance. Targeted areas needing improvement are best addressed using continuous quality improvement principles and strategies to choose, implement and evaluate interventions to effect positive changes. This system was an area needing improvement in the CFSR PIP. DFS issued a CQI Plan, trained staff and adopted a uniform case review tool. Two targeted concerns were identified to improve using CQI principles. Stakeholders agree DFS has reports to access system performance.

Measure: This system's health will be measured by stakeholder agreement that they see evidence of data informed decisions and evaluation in workforce development and program interventions. Another measure is the status of targeted projects to improve processes and outcomes as noted in Annual Progress and Services Reports.

Performance:

Delaware has developed and implemented continuous quality improvement policy, a data quality plan, and a mandatory continuous quality improvement training for all DFS staff statewide which is included in the new worker curriculum and available in the Delaware Learning Center. The implementation of the Data Quality Plan is overseen by the DSCYF Data Governance Board, which is chaired by the DSCYF Deputy Cabinet Secretary. Members include DSCYF leadership, FOCUS product owners, FOCUS managers, the DFS Continuous Quality Improvement Data manager and the DSCYF Information and Resources Manager. Delaware has also experienced increased buy-in from leadership, both within the Division and across the Department, regarding the importance of establishing continuous quality improvement processes. This has resulted in the establishment of QA units in each Division and creation of the Department's Continuous Quality Improvement Collaborative.

The DFS case review team includes four full-time case reviewers, two part-time case reviewers and a continuous quality improvement manager who also serves as the second level QA reviewer. There is a Case Review Guide and Training Curriculum developed to drive the work of this unit. The review team conduct 90 case reviews over a 6-month period, with 15 reviews being completed each month. The case assignments all pulled from in-home treatment, foster care and differential response FAIR cases. The assignments are randomized from a statewide pool of cases active during the period under review. The review team also conducts 15 investigation, and 4 FAIR case reviews every month. These QA review events are built into FOCUS and reside at the case level. The review team also conducts supplemental surveys that consist of an open-ended conversational discussion with review participants (parents, caregivers, youth, and foster parents). The surveys provide lived experience feedback regarding broader systemic practices such as trauma informed care, cultural awareness, case planning, collaboration across division, and service array. Results of the case reviews completed are shared at the bi-annual stakeholder meetings, monthly Strategic Leadership Team (SLT) meetings, all management meetings, program management meetings, and other forums. Results are also shared and discussed at monthly case review team meetings and during one-on-one supervision with front-line staff to ensure information trickles down and is understood throughout the agency at all levels. The agency not only shares performance results, information on areas which need improvement, and updates on actions taken to make improvements, but also seeks feedback and input. Surveys completed with stakeholders confirm that the majority of youth, foster parents, stakeholders, DFS and DSCYF staff agreed that DFS has a statewide continuous quality improvement system that identifies strengths and needs, shares results, and seeks their feedback for process improvement and system planning. CPAC meetings are public meetings and the CFSR, CFSP, APSR, Policy Manuals and Strategic Plan are available on the Department's public-facing website. Additionally, the Continuous Quality Improvement Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, "Delaware Rocks", sharing positive performance results with all staff. The Continuous Quality Improvement Manager also sends out "Kudos on Case Review" emails when case reviews receive an all-strength rating. These emails are sent to Workers, Supervisors, Assistant Regional Administrators, Regional Administrator, DFS Operations Administrator, DFS Director,

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DFS Deputy Director, and Cabinet Secretary. Feedback regarding these kudos has been extremely positive and workers share that they appreciate the recognition for their performance. Focus groups, stakeholder interviews, and surveys conducted during this self-assessment confirmed that staff and stakeholders at all levels are aware of and have been invited to participate in continuous quality improvement activities in which performance of child welfare strengths and weaknesses were discussed. They confirmed feeling that the information is being shared with the correct audience and they are included in and understand the process. Participants also felt they were involved in performance improvement efforts and were provided feedback related to the impact of their contribution. The Continuous Quality Improvement Unit was also recognized for their ability to increase the incorporation of voice of those with lived experience through the implementation of the supplemental surveys which have helped provide assurance that our caregivers' feelings matter which empowers them to share their opinions which could help others. Feedback received from youth, parents, and caregivers participating in the qualitative reviews and committees has confirmed they are excited to share their experience and provide recommendations for process improvement.

The department data team builds the needed statewide reports and queries to pull needed information from our FOCUS system and maintains a report inventory. The data team also runs our federal reports such as AFCARS, NCANDS, NYTD, and the monthly caseworker visit report. Prior to report submission, federal validation tools are used to monitor data quality of requested information. Recently, Delaware completed a thorough review of the AFCARS file going back to 2018 when the FOCUS system went live and was able to successfully complete a resubmission to improve data quality on our data profile in preparation for the CFSR Round 4. In addition to monitoring quality of federal report data, the Continuous Quality Improvement Manager and data team regularly analyze in-house reports to evaluate data quality to ensure FOCUS is functioning correctly and data entry by staff is accurate. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. The Continuous Quality Improvement Manager and Operations Manager have worked closely to develop reports that target specific FOCUS events to monitor timeliness of completion and frontline performance. Specific trainings have also been developed to address areas where data quality related to data entry has shown to be a problem. DFS FOCUS liaisons work collaboratively with the Continuous Quality Improvement Manager to correct data entry errors. Defect tickets are written to address data system issues. The Continuous Quality Improvement Manager shares analysis with the Operations Administrator to disperse information to frontline staff and supervision. The operations team then takes corrective action as needed. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. Certain reports, such as the monthly caseworker visit report are sent out monthly to not only allow management to assess job performance and data entry completion, but also so frontline can validate the report and ensure information is accurate. The Continuous Quality Improvement Manager and data team also conduct ongoing data quality checks with Court Improvement Program (CIP), Office of Child Advocate, and the Courts. Information related to custody dates, demographics of the children in agency custody, permanency plan, and initial placement reasons are shared and reviewed to ensure consistent and accurate information is being maintained. Data is also reviewed during quarterly CIP data quality team meetings and CPAC data quality team meetings. During these meetings, data is analyzed for trends, patterns, and data quality. These teams also determine the best approach to presenting pertinent information to the CIP Steering Committee and CPAC committee. The data team continues to learn better ways to pull data from our system and enhance how data is presented. For example, they are currently learning how to use various visualization tools such as Einstein Analytics and Tableau to develop dashboards with the goal to increase use and access to synthesized data to enhance data-driven decision making. Focus groups conducted confirmed the agency has a plentiful number of useful reports which are distributed and accessed regularly, and both staff and stakeholders indicated they are aware of the process to obtain additional data as needed.

A CQI Steering Committee meets at least every two months. This group considers stakeholder feedback, case review performance results, supplemental survey results, national data indicators, and report findings to determine agency strengths as well as targeted areas of needs. Five CQI subcommittees have been established thus far to address targeted improvement areas. They are CQI Periodic Review Committee, CQI

Post Adoption Disruption Committee, CQI Intact Family Committee, CQI Data Quality Committee, and CQI Teens Committee. The CQI Post Adoption Disruption Committee meets quarterly. All other groups meet on a monthly basis. The CQI Periodic Review Committee disbanded in November 2019. This group produced a number of positive outcomes and feedback from DFS operations and Department of Justice stakeholders continues to be very positive. Delaware has seen marked improvements and for the most recently submitted AFCARS, Delaware again had no missing periodic reviews. DFS data and court data also confirm that for CY2022 there were no missed periodic reviews. Consequently, case review performance has also improved on Item 5: Establishing permanency goals and Item 6: Achieving permanency goals. Delaware continues to exceed performance goal of 90% on both items. Delaware will no longer report out the impact of the CQI Periodic Review Committee as periodic reviews are now occurring regularly and this information will be captured under case review system. The status of target projects to improve processes, performance and outcomes is noted in progress reports throughout Section IV, Progress Report.

An overarching recommendation of the CQI committees was the need for a method to provide training and information on services and resources across the department. With high caseloads, workers struggle to find time to attend lengthy classroom trainings. As a resolution, virtual Lunch & Learns (trainings that occur from 12-1:00pm) and Morning Buzz (trainings from 9-10:00am) were created. Lunch & Learn training sessions have been provided by various community partners or subject matter experts on an assortment of topics. They can be attended by any DSCYF staff members. Training can also be shared with individuals outside of the department. Many are also recorded live and then can be watched on video through the Delaware Learning Center. The following is a report from the Delaware Learning Center regarding Lunch & Learn attendance as of May 18, 2023. It shows DFS only staff attendance at live training, total overall attendance at live training, and on-demand video training. This report only shows those individuals that are in the Delaware Learning Center. It does not report on any outside providers that may have attended training as well.

DATE and TRAINING	DFS	Total Attend	Video
8/11/2022 Placement Meetings	16	23	
8/23/2022 Highmark Care	6	11	
9/8/2022 AOD Liaison Program	13	19	
9/15/2022 SOP Tools	10	18	
9/27/2022 Post Adoption	9	16	
10/13/2022 Psych Assess	15	27	
10/25/2022 Transitional IL Program	10	23	
11/10/2022 Highmark Care Coordination	5	11	
11/15/2022 Permanency Planning Committee	6	17	
12/13/2022 Family Search and Engagement	12	23	18
1/17/2023 Case Review Team	14	18	14
1/19/2023 Kinship	11	14	
1/24/2023 Offender Intervention Services (Child Inc)	14	19	
2/9/2023 Safety Organized Practice	31	45	1
2/21/2023 Having Difficult Conversations	43	73	1
3/1/2023 Children and Families First (FFT, CBT, CPP)	36	47	2
3/14/2023 Lets Play Detective - Safety Assessments	34	62	
3/30/2023 Connecting Generations	16	32	
4/13/2023 FIRST	14	33	
4/26/2023 Court Liaison Services Team - Interstate Compact	22	45	
5/15/2023 Collaterals	18	32	
Grand Total	355	608	36

Upcoming scheduled Lunch and Learn/Morning Buzz sessions include Meet the Focus Team, Dual Status Youth, Caregiver Safety Assessment and Agreements, Documentation, and Delaware Futures. Numerous providers and subject matter experts have expressed interest in providing additional training sessions, but these have to be scheduled moving forward. Following the success of and positive feedback regarding the DFS Lunch & Learns, in May 2023, FOCUS trainers began holding weekly one hour FOCUS technical assistance sessions on specific data entry problem areas. For May, the topic is non-relative/relative worker approved placement entry. On May 9, 2023, the FOCUS report team also began to hold one hour trainings specifically for administration and supervisors called Bite-Size Learning Session – FOCUS reporting. These recurring trainings will take place on the 2nd Tuesday of the month from 11am-12pm. At these trainings, the report team will walk through a specific report and demonstrate how it can be used for supervision, performance assessment, data quality and entry review, and data collection. The first training was on the use of the Kids in Custody report.

Objective: DFS to target specific areas to improve using CQI principles.

Rationale: Based on system data reports, performance on national standards, case review findings, audits and stakeholder comments, target specific areas to apply a cycle of activities defining the problem, gathering data, forming a theory of change, implementing an intervention and evaluating impact. Three areas are identified for 2020-2021: post adoption disruptions, intact family performance on case reviews, and data quality.

Outcome: Improved processes leading to better outcomes for children and families. For 2020-2021: Holding periodic reviews within 6 month timeframes and reduced adoptive disruption rates.

Benchmarks:

1. CQI workgroup for post-adoption disruptions to hold meetings to apply:
 - a. Defining the scope of disrupted adoptions.
 - b. Researching solutions to preserving adoptive families.
 - c. Forming a theory of change to improve outcomes.
 - d. Implementing an intervention to preserve adoptive families.
 - e. Evaluating impact on rate of post-adoption out of home placements.

Timeframe: June 2021 and ongoing.

Measure: Documentation of application of CQI principles on this project and impact on number of post-adoption disruptions.

Progress Report:

This benchmark is in progress as the CQI process is continuous. This benchmark will record the process of CQI evaluation and will provide recommendations. These recommendations are then detailed in other sections of this plan. This committee has been working on several activities already detailed in the Permanency section, Objective: Prevent post-adoption disruptions. The work of this committee has not only led to the expansion of post adoptive services to three contract providers, but also these providers are now accepting referrals for not only post adoptive/permanent guardianship families, but all guardianship families across the state.

The CQI Post Adoption Disruption Prevention Committee now meets quarterly. Members of this committee have grown to include CQI Manager, Family Services program managers, adoption subsidy worker, data analysts, foster parent, kinship project supervisor, adoptive parent, young adult with lived experience, QA case reviewer, supervisors, and stakeholder representation from Department's Office of Case Management, Prevention and Behavioral Health Services, and post-adopt services contract providers A Better Chance For Our Children, Children's Choice, and Children and Families First.

The CQI Post Adoption Disruption Prevention group has quantitatively and qualitatively defined and continues to review the scope of disrupted adoptions. At committee creation, approximately 5-6% of foster care population had been previously adopted but accounted for approximately one-third of high-end costly placements. Currently, using AFCARS 2023A (10/1/22-3/31/23), 46 of 731 youth were identified as experiencing at least one disrupted adoption (6.29% of the total in-care population). Custody Start Dates of the 46 youth were as follows: 2017 – 2; 2018 – 1; 2019 – 5; 2020 – 4; 2021 – 12; 2022 – 11, and 2023-3. Twenty-four of these youth were 16 years or older. One youth had a prior disruption and one youth had four disruptions. Using AFCARS 2022B (4/1/22-9/30/22) data, 42 youth were identified as experiencing at least one disrupted adoption (6.25% of the total in-care population). Six of the 42 youth exited care, two aged-out, and four were reunified. Custody Start Dates of the 42 youth: 2016 – 1; 2017 – 3; 2018 – 1; 2019 – 5; 2020 – 4; 2021 – 13; and 2022 – 15. Twenty-three of these 42 youth were 16 years old or older. Two of these youth had experienced a prior disruption and one youth had four disruptions.

As a result of collaboration with our court partners, the court has added fields to track adoption and guardianship disruptions which has allowed for even more data analysis and review of prevention strategies across department agencies and the courts. The CQI Manager now has access to the Family Court data system, APRICOT. Data from the past four-years related to disrupted adoptions and guardianships was examined as of February 2023. In CY2022, 18 of 373 (5%) entries into foster care were disrupted adoptions. Thirty-two (32) of the 373 entries were disrupted guardianships. The 18 disrupted adoptions included a sibling group of five, a sibling group of three, and two sibling groups of two. (11 unique families) Four of these disruptions had already been reunified. Seven (7) of the 18 adoption disruptions were attributed to parent/child conflict, seven (7) were due to abuse, three (3) due to parental drug use, and one (1) was due to medical issue of parent.

In CY2021, there were 328 entries into care. Of these, 20 (6%) disrupted adoptions and 60 disrupted guardianships. The disrupted adoptions involved 14 unique families. The primary reasons were parent/child conflict (9), sex abuse (2), medical abuse (1), parent drug use (1), and parent medical (1). In CY2020, there were 261 entries into care. Seven (3%) of the 261 entries were disrupted adoptions with five (5) due to parent/child conflict, one (1) physical abuse, and one (1) sex abuse.

In order to obtain qualitative data and the voice of adopted parents, the committee initially had developed a qualitative survey for adoptive parents in August 2020. This adoptive parent survey found that 44% of adopted parents had utilized some form of post adoption services; however, some parents were not aware of or did not remember that these services existed. Survey of Delaware specific disruption adopted parents, showed only 50% were aware of post adoption services. By December 2023, the committee plans to administer this survey out again to determine intervention impact and percentages of post adoptive service utilization and awareness.

The CQI Post Adoption Disruption Prevention Committee theorizes that a contributing factor to adoption disruption is the lack of communication in regard to post adoption services. The committee initially determined that front line workers across the Department need to be better informed of post adoption services so that they can better communicate the availability of these services to adoptive families. The need for awareness related to post adoption services has expanded to contract providers and community partners. Data indicates that most families are already in crisis at the point that they reach out for help or services. The Post Adoption Disruption Committee also recommended this outreach and education be provided to adopted families as a prevention strategy. See Permanency section, Objective: Prevent post-adoption disruptions for detailed actions taken.

The committee found another contributing factor to adoption disruption is the need to strengthen the workforce's knowledge of trauma informed practice for pre-adopt and post-adopt children. See Permanency section, Objective: Prevent post-adoption disruptions for detailed actions taken.

Deeper analysis has recently led to the Committee developing a new theory of change related to transitions between services, particularly a higher level of service to a lower level of service, and transitions from one worker to another. For example, when a child is in a residential facility and discharges back to the community, often times parents do not feel prepared which can result in a disruption and the youth being placed in DFS custody. If we can provide better and more consistent services during transitions, we can potentially reduce the number of disruptions. The Committee has begun to review Department Policy 209 – Service Coordination Regarding Dependent Youth. The purpose of this policy is to ensure that active DSCYF case managers are working as a team with youth and families in order to prevent dependency, and, if dependency has been established, to promote family reunification. This policy pertains specifically to those youth who: A. Have successfully completed residential treatment but whose parents/guardians are unable or unwilling to have the youth return home, B. Are currently in a detention center, detention alternative, inpatient psychiatric hospital, or mental health crisis bed and whose parents/guardians are unable or unwilling to plan for the youth; or C. Are active with the Department and at risk of becoming dependent. These youth will be considered department youth and case planning will be coordinated and resources shared. Link to this policy is <https://kidsfiles.delaware.gov/policies/dscyf/dsc209-service-coordination-regarding-dependent-youth.pdf>.

2. CQI workgroup for intact family to hold meetings to apply:
 - a. Defining the scope of intact family reviews having lower performance ratings
 - b. Researching solution to improve casework with intact families
 - c. Forming a theory of change to improve outcomes
 - d. Implementing an intervention to improve performance with intact families.
 - e. Evaluating impact on case review performance with intact families.

Timeframe: June 2021 and ongoing

Measure: Documentation of application of CQI principles on this project and impact on the performance on intact family case reviews.

Progress Report:

This benchmark is in progress as the CQI process is continuous. The CQI Intact Family Committee was formed after analysis of case reviews that showed a significant difference in performance on in-home versus foster care cases. This committee meets monthly and includes relative/kin providers, an adoptive parent, DFS treatment workers and supervisors, DFS Practice Coach, DFS Administrative Case Reviewers, DFS Treatment Program Manager, DFS Regional Administrators, DFS Program Support Administrator, DFS Management Analyst, contracted kinship project supervisor, DFS CQI Manager and DFS Operations Manager. Findings and recommendations are shared with the Strategic Leadership Team (SLT) and senior Leadership on a regular basis to keep them informed and support recommendation implementation.

The CQI Intact Family Committee analyzed case review summaries and determined Delaware's performance for intact families on Item 14 (Caseworker Visits with Child) and Item 15 (Caseworker Visits with Parent) impacts our performance on other items such as Item 3 (Risk and Safety Assessment and Management), Item 12 (Assessing of Needs and Services for Children and Parents), and Item 13 (Child and Parent Involvement in Case Planning). Case reviews show that Delaware's in-home cases have 25-45 % lower performance ratings on OSRI Item 3, Item 12, Item 13, and Item 14A than foster care cases. For the most recently completed case reviews, Item 14- Caseworker visits with Children, in-home services cases scored a 48% strength rating, foster care cases scored a 93%, a 44% difference. For Item 15 – Caseworker Visits with Parents, in-home services cases scored a 62% strength rating, foster care cases scored an 85%, a 23% difference. Lack of frequent and quality visits impacts the ongoing assessment of needs, services, and planning.

The CQI Steering Committee conducted an analysis of Areas Needing Improvement (ANIs) by region, worker, and supervisor in July 2022 to determine if staff performance issues were impacting ratings. To do this, all ANIs for Item 14 Caseworker Visits with Children from PUR start April 2019 to October 2020 PUR start were reviewed (past 4 reporting periods). Thirty-five completed reviews from the April 2021 PUR start were included as well. Analysis showed a clear need to assist NCC with barriers that might be preventing successful visits. It was also noted that most of the staff with ANIs were seasoned staff, not new or inexperienced staff, as predicted by management. For specific performance measure data on OSRI items, please refer to Assessment of Current Performance Section of this report. It should be noted that the high turnover and vacancy rate is a barrier to truly determine intervention effectiveness. High caseloads and safety priorities impact workers abilities to participate in trainings or other intervention strategies to impact significant improvement.

In the last year, frontline workers and supervisors participated in focus groups to discuss the barriers to quality contacts. Strategies were discussed on how to engage with intact families. Caseworker and supervisors provided many productive feedback items that include; families are complex; families do not want to engage with services or do not know why they have been referred for ongoing services; higher risk families and foster care cases are often prioritized out of necessity; high workload makes it difficult to meet all expectations; there are a lack of resources for families; and families may be difficult to locate. While discussing barriers, the groups also focused on strategies to improve quality contacts. Some of the strategies that workers utilize are using due dates in FOCUS; being open and transparent with families; using unannounced visits; utilizing Safety Organized Practice tools; scheduling visits in advance to work with the family's schedule; and using strength-based conversations. A recommendation of the CQI steering committee to track implementation of strategies was to conduct administrative reviews on treatment cases. These reviews were initiated in Spring 2023 and findings will be incorporated into PIP planning.

Out of this work, a theory of change was developed- If treatment caseworkers and supervisors received holistic training on Delaware policy, practice, and procedure as it relates to federal review expectations, improvements would be seen on case review performance. Please see Well-Being Section Benchmark 2 for specific intervention strategies and actions taken.

Within the last year, CQI Intact Family Committee analysis of case review and system reports have found specific areas that could be targeted for performance improvement on Well-Being Outcome 1 Items. Reviews found that a number of missed timely and/or quality visits were occurring when a case is transferred from investigation/FAIR assessment to ongoing treatment services. Per policy, the treatment case should be assigned within 3 days and initial contact should be completed within 11 days. Reviews found that the initial treatment contact is not always completed timely. Also, there are some instances where a family service assistant is going out to make an initial contact with family but simply providing them information about the assigned treatment caseworker. This is not a quality visit. An initial treatment contact timeliness report and due date report is already sent out weekly. Because the initial engagement with a family and the need to initiate services promptly is so important, the CQI Intact Family Committee is developing strategies to improve initial treatment contacts. Reviews and system reports also found that supervisor case conference events are not being completed every three months as per policy. Case conference completion reports are sent out weekly. In the upcoming year, CQI Intact Family Committee plans to stress importance of having quality ongoing case conference that are well documented in the FOCUS case conference event. DFS recognizes an overall need to build knowledge and supervisory skills of a young maturing supervisor group.

A second theory of change is that if treatment workloads could be reduced, then we would see an improvement in performance. The CQI Intact Family Committee reviewed the recommendations of the DFS/CPAC treatment caseload study, which were to lower the treatment caseload standard to 12; expand the number of treatment staff/or contracted services; utilize case weighing strategies upon assignment; and create specialized caseloads where workers serve either intact families or provide services to families with children in foster care. It established a reduction in the size of treatment caseloads. DFS leadership and CPAC worked collaboratively on this process of working towards legislation changes necessary to support lowering the treatment caseload standard and expansion of treatment staff, (see Workforce Stability Progress Report section for details). As a result of this work, SB33 was signed into law by Governor John Carney on June 9, 2023. The other recommendations from the workgroup continue to move forward, as well. Delaware has also expanded our differential response program use with contracted providers while expanding the Kinship Navigator program. The CQI Intact Committee had a report developed to review the number of children per caseload versus the number of cases per caseload along with the expected frequency of contact. The use of this report by supervisors continues to be recommended so that child caseload counts are taken into consideration as supervisors assign cases. The recommended pilot of intact family caseworker vs foster care caseworker is on hold due to high vacancy issues. A budget request and initiative for a visitation home called ‘Grandma’s House’ to allow for supervised and recorded visitations to take place in a more natural family setting was created and discussions around this program continue with DSCYF leadership. Please see Well-Being section, Benchmark 2 for specific intervention strategies and actions taken including updated case conference event, guardianship subcommittee and recommendations, and kinship data reporting.

The CQI Intact Family Committee analysis of case reviews also found that there continues to be a clear discrepancy between contacts with mothers and contacts with father. For the October 2022 – March 2023 reviews, 75 cases were applicable for Item 15: Caseworker visits with parents. Of these 71 cases applicable for mother, 60 (85%) had frequent visits with mother and 68 (96%) had quality visits with mother. Of the 41 cases applicable for fathers, 30 (73%) had frequent visits with father and 35 (85%) had quality visits with father. For the April – Sept 2022 reviews, there were 73 applicable cases for item 15. Of the 68 applicable for mother, 47 (69%) cases had frequent visits with mother and 59 of the 66 (89%) applicable cases had quality visits with mother compared to 25 of the 44 (57%) cases had frequent visits with father and 33 of the 39 (85%) cases had quality visits with father. For the 65 October 2021 – March 2022 item 15 applicable case reviews, 82% had frequent visits and 91% having quality contacts with mothers while 63% had frequent visits and 78% had quality visits with fathers. Case reviews found that workers primarily engage with mothers as mothers are most often the primary caretakers of the children. A higher number of fathers are not as involved with their children and workers did not always make sufficient attempts to engage them. For domestic violence cases, if father was perpetrator and was out of the home, workers primarily focused on supporting mother as a victim and did not engage with the father. The treatment focus groups mentioned above were asked about the barriers in meeting with fathers. Feedback provided noted the following:

- Fathers do not want to deal with DFS and let the mothers do the talking
- Workers do not engage fathers if they show who they really are (speak loudly or aggressively, take over conversation, etc)
- Fathers do not always know what is happening with the kids, e.g., school, medical, etc.
- Did not think fathers had to be seen if another parent was available
- Mothers do not always volunteer that father is involved
- Fathers not home during regular business hours, may be working.

To address the lack of engagement with fathers, the CQI Intact Family Committee invited the Delaware Fatherhood and Family Coalition to do a presentation. This Coalition champions father involvement and supports healthy adult relationships, specifically effective co-parenting which in turn provides positive outcomes for Delaware children and communities. As a result of the presentation, the DFS

Treatment Program Manager is currently working with Coalition members on scheduling 24/7 Dad parenting sessions for DFS involved fathers. A training/workshop is also being developed and will be presented by the Coalition in the next few months to frontline staff to provide better communication and engagement strategies in working with fathers.

This benchmark's timeframe is ongoing and recommendations for actions will be detailed in benchmarks under the appropriate section of this plan. (Case worker visits)

3. CQI workgroup for data quality to hold meetings to apply:
 - a. Defining the scope of data quality accuracy, timeliness and completeness.
 - b. Researching solutions to improve data quality.
 - c. Forming a theory of change to improve data quality.
 - d. Implementing an intervention to improve data quality.
 - e. Evaluating the impact on rate of accuracy, timeliness and completeness.

Timeframe: June 2021 and ongoing.

Measure: Documentation of application of CQI principles on this project and impact on data quality.

Progress Report:

This benchmark is in progress as the CQI process is continuous. The CQI Data Quality Committee was formed after report analysis and validation tools showed key areas where data quality improvement was needed. This group includes representation from the Division of Management Support Services, DSCYF Strategic Information Systems Manager, the Executive Product Owner and DFS Product Owner for FOCUS, CQI Steering Committee, DFS data team, Center for Professional Development, FOCUS liaisons, FOCUS trainers, DFS frontline staff and DFS program team. The committee drafted this problem statement: DFS is inconsistently meeting data quality standards for accuracy, timeliness, and completeness. Through analysis of federal reports, the CQI Data Quality Team has targeted key events related to demographics, placement, case plans, and custody as a focus for intervention strategies. A theory of change was developed- Data entry by specific individuals with appropriate training will improve data quality. Another theory of change is that if FOCUS data system was more user friendly, data quality would improve.

The CQI Data Quality Committee meets monthly and continues to monitor the impact of initiatives on data quality. Improvements to FOCUS related events and processes have taken place and are documented throughout this report. To address overarching issues, The committee determined it would be effective for the FOCUS team to hold office hours in the regional offices across the state for liaisons to be accessible to provide assistance and direction related to FOCUS data entry. The FOCUS liaisons started this in Fall 2022 and the initial response was favorable. Liaisons have found that more staff are engaging with them, and they are able to provide one-on-one training in person. On May 18, 2023, the FOCUS team presented "Meet the FOCUS Team" at a DFS Morning Buzz.

Analysis of the Statewide Assessment survey results showed that DFS has a number of reports in FOCUS to monitor data but whether or not these are being consistently used to inform practice is in question. The Committee determined a new initiative was needed in which the report team will hold trainings on how to use specific reports for supervisors and administration in efforts to help them better understand the information in the reports and become more comfortable with using them. These one-hour training sessions, "Bite-Sized Learning Session – FOCUS Reporting" began on May 9, 2023 and will be held the 2nd Tuesday of every month. The first session was on the Kids in Custody report.

Members of the CQI Data Quality Committee were involved in the development of the Delaware Comprehensive Child Welfare Information System (CCWIS) Data Quality Plan (DQP). Delaware’s DQP received approval from Children’s Bureau Associate Commissioner Aisha E. Schomburg on February 10, 2022. Much of the analysis completed by the CQI Data Quality Committee was used to guide the development of the DQP. Delaware was one of three states that completed a Data Quality Plan Model. On May 25, 2022, the Children’s Bureau had a CCWIS webinar, “Data Quality Plan Improvement – Making Improvements Based on the Model DQP Experience”. The DFS CQI Manager, DSCYF Strategic Information Systems Manager, and FOCUS executive product owner presented our DQP model, describing lessons learned, and sharing Delaware’s experience in the collaboration on DQP model creation. The DQP outlines plans and protocols for ongoing data quality monitoring intended to meet the requirements set forth by the Administration of Children and Families CCWIS Data Quality Plan requirements under 45 CFR 1355.52. The CCWIS Data Quality Plan is a living document and will be updated annually to demonstrate ongoing compliance and consider the latest CCWIS data standards and locally developed performance plans.

The CQI Data Quality Committee will be monitoring progress and make suggestions for improvement on our data quality priorities. The following three data quality priorities had been established for the 2022-2023 year:

1. Create, standardize, and enact department-wide and division-specific Data Timeliness Policies and Procedures;
2. Continue ongoing data completeness efforts to bolster the complete entry and maintenance of valid data focused on key pain points; and
3. Centralize the “person-type” data strain to ensure accuracy, through which an individual’s comprehensive extended demographic history shall be captured (e.g., medical, educational, behavioral health, dental, etc.) to enhance quality of service delivery and share updated information across programs and services across the system.

As part of data quality priority 1, The Department established a goal: Improve the Timeliness of Data Entry for Placement Entry and Exit Dates. To address timeliness of entry of placements, monthly placement entry and exit timeliness reports were developed and used to establish baselines regarding the percentage of placement entries and placement exit event entry into FOCUS within 24 hours of real time occurrence. In June 2022, placement entry baselines were established to be 11% for (14 of 122) placement entry and 28% (24 of 85) for placement exit. These timeliness reports are distributed to division management for awareness and action monthly. The June 2022 established baselines were significantly below 90% goal. Performance has been further challenged through 2022 and into 2023 by the division’s ongoing staffing crisis. Placement data entry timeliness performance is a regular agenda topic at the CQI Data Quality monthly meeting.

Report Date	% Of Placements Entered within 1 day	% Of Placement Exits Entered within 1 day
Baseline June 2022	11%	28%
August 2022	8%	22%
Oct 2022	17%	17%
January 2023	8%	10%
April 2023	13%	19%

Weekly data quality checks are completed by the CQI Manager using the Kids In Custody With No Active Placement report. The Placement Gap Quality Assurance report as well as the AFCARS validation report are also used to monitor placement entry. AFCARS April 2021-September 2021 submission regarding 30-day timeliness measurement: 3 errors were reported for entry or .51% and 5 errors for exits or 3.5%. For AFCARS October 2021-March 2022 submission, 9 (1.45%) errors were reported for entry and 3 (2.5%) errors for exits. For April 2022-September 2022 submission, 1 (.15%)

error was reported for entry and 6 (4.29%) errors for exits. AFCARS October 2022-March 2023 had no compliance issues. For all submissions, validation requirements were met. When a missing placement is identified through this data quality monitoring, emails are sent directly to assigned worker and supervisor requesting missing placement be entered. Training materials have been updated to include the data entry timeliness policy for placement entry and exit (1 business day). This is reinforced in New Employee Training and refresher trainings conducted by the FOCUS trainers.

Entry of relative/non-relative worker approved placements was identified as a challenge. To address this, specific trainings were developed and provided to staff. Walk through event trainings and guides are available to staff on demand. In addition, liaisons are working with staff individually to support and assist them with entry of these placements. In May 2023, trainers held weekly open house technical assistance sessions specifically on relative/non-relative worker approved placement entry. Provider contracts are being modified to incorporate the data entry timeliness requirements. A design change in FOCUS that will split the placement event in the system from the Level of Care has been prioritized and is expected to be completed by year end. CQI Data Quality Committee members are very involved in this development. The goal is to make placement entry events easier to complete resulting in improvements to placement data entry timeliness. Despite significant focus and efforts to improve placement entry and exit data entry timeliness, this remains an area for improvement that the division will continue to focus on. DFS is currently discussing the feasibility of the one business day data entry policy for Placement Entry and Exit. The CQI committee issues regular communications through “Focus on FOCUS” emails and other mechanisms to division staff to stress the importance of data entry timeliness and reinforce the timeliness policy. The committee continues to brainstorm additional ways to help improve data entry timeliness on an ongoing basis.

As part of data quality priority 1, the Department established a second goal: Timely Response Data Entry for All Initial Interviews. The current DFS Initial Interview data entry timeliness policy requires Initial Interviews to be entered into FOCUS within 5 business days from the date the interview took place. Initial interview entry timeliness report was developed and used to establish baseline regarding the percentage of initial interview entries into FOCUS within 5 days of real time occurrence. In June 2022, baseline was established to be 77%, significantly below goal of 95%. Report is distributed to division management for awareness and action on a monthly basis. Initial Interview Timeliness report is reviewed at every CQI Data Quality Committee meeting.

Report Date	% Of Initial Interviews Entered within 5 days
Baseline June 2022	77%
September 2022	61%
January 2023	54%
April 2023	56%

Efforts to improve performance include the following- A FOCUS enhancement has been implemented to enable capability to pull historical timeliness data based on initial interviews that have been archived. This enhancement will allow the division to better track data entry timeliness performance over time. To meet this enhancement, training materials have been updated to include the 5 business day data entry timeliness policy for all contacts, including initial interviews, and the two dedicated FOCUS trainers stress the importance of this policy in New Employee Training. It is also routinely reinforced in refresher trainings. Despite significant focus and efforts to improve initial interview data entry timeliness, this remains an area for improvement. The June 2022 established baseline was below goal as noted above, and performance has been further challenged through 2022 and into 2023 by the high turnover and vacancy rate in DFS investigation/FAIR units. In February 2023, only 64% of initial interviews were entered into the system within 5 business days. The division will continue to make concerted efforts toward improvement of initial interview data timeliness through the remainder of 2023 and into 2024.

In order to measure improvement in timeliness of court order entry, court order entry timeliness report was created and used to establish baseline regarding the percentage of court order entries into FOCUS within 5 days of real time occurrence. In June 2022, baseline was established to be 14%, significantly below goal of 95%. The report is shared with division management for awareness and action monthly and reviewed at every CQI Data Quality Committee meeting. Agency staffing struggles are contributing to decline in performance.

Report Date	% Of Court Orders Entered within 1 day
Baseline June 2022	14%
October 2022	11%
January 2023	17%
April 2023	13%

The CQI Data Quality Committee is exploring the option of having a designated staff member enter in all court orders. Discussion has also taken place as to whether an interface could occur with the courts data system to send information directly into FOCUS. The CQI Committee members also work with the CIP coordinator to make improvements on timeliness of DFS receiving orders from the court. Delayed reception of court orders impacts entry into FOCUS. As part of the CFSR Statewide Assessment in reviewing periodic reviews, a report was built to pull in all court orders for a child and measure time between hearings. The CQI Manager reviews this report to find missing order types as well as locate large gaps in time between hearings indicating court orders are missing. Requests are then made to caseworkers and supervisors to enter missing orders in FOCUS. The CQI Manager continue to use the AFCARS validation report to determine children with missing court orders (periodic reviews) and child plans (permanency goals).

Permanency goals are captured in the child plan event in FOCUS. In the new AFCARS, all goal changes need to be captured, not just the most recent goal. For Delaware, this is mapped from our completed child plans. While the collaboration with families in the completion of child plans is captured in other areas of this report, the entry of child plans into FOCUS will be addressed here. Entering completed child plans into FOCUS timely and accurately is an area needing improvement. Data quality checks are completed regularly with court data team to ensure children’s permanency goals are accurate in both systems. The CQI Data Quality Committee is in the process of doing a walk-through of the child plan event. The purpose is to ensure there are no unwanted defaults, determine if any information is not needed and can be removed, and identify fields where information could pull forward and prevent data re-entry. As review occurs, the Treatment Program Manager creates tickets requesting the proposed improvements. While reviewing child plans, it was found that the permanency goal picklists were not consistent across various events in FOCUS. A change request was created to ensure all picklists would have same values. This build has been implemented. The committee also found that workers were completing plans after child had exited custody and placement. The committee requested validations be built to not allow child plans to be created after placement or custody exit date. This request is still pending. The committee also discovered instances on case plans where workers were selecting APPLA as a goal for youth under the age of 16, which is against policy. A request to create validation to not allow goal of APPLA to be selected prior to youth turning 16 was made. The build was implemented in 2022.

When developing timeliness and completion reports, an overarching issue preventing the ability to pull historical information was found. To create a worklist for staff of pending activities, tasks are assigned to the worker’s worklist. During the original build, due dates and completion dates were only built on the task itself and not the record. FOCUS does a routine system archive of tasks after one year resulting in the data no longer being available for reports. This makes it very difficult to analysis trends beyond

one year. Members of the CQI Data Quality Team subsequently went through all DFS objects in FOCUS to request that due dates and completion dates be moved to the event record instead which was implemented in Spring 2023.

Delaware has prioritized ensuring the completeness of entry for caseworker visits as data quality priority two. The **Monthly Client Contact** report has been upgraded and is sent out monthly to the Operations Manager and Regional Administrators to ensure completeness of data entry. These reports include all months where a contact event has not been entered, along with the assigned worker and supervisor's name. As the fiscal year comes to an end, the report is sent out weekly as compilation of this information is needed for the federal MCV report. For our FY2021 and FY2022 monthly caseworker visit report, Delaware had a 100% completion rate for all visit events at time of submission. The client contact data entry is reviewed monthly by the CQI team, which includes reviewing notes for caseworker reference to completing a client contact and emailing the worker and supervisor directly instructing them to update the client contact-related fields. A Provider Portal is in the process of being expanded that allows contracted Providers direct entry capability into FOCUS, which will enable further improvements in client contact entry completeness and timeliness. Training materials have been updated, and the importance of monthly client contact data entry completeness and timeliness is covered in new employee training and routinely reinforced in refresher trainings. The CQI Data Quality Committee recommended a FOCUS design change to combine client contacts with progress notes has been prioritized and will help to improve the complete documentation of client contacts in FOCUS, as well as enable the department to better monitor client contact data entry timeliness. This change is currently in early stages of development. Ongoing near weekly meetings are taking place to develop the user story related to this change request. Monthly client contact completeness and timeliness will remain a priority that the division will continue to focus on throughout 2023 and into 2024.

The issue of completeness was further highlighted when reviewing historical caseload reports. It was discovered that the assigned user table was inaccurate as it was not reporting all past assigned users. Part of this error was found to be created when cases were improperly assigned. The correction for this issue was addressed through a change request that requires a standardized process for case assignment. This change has been implemented in FOCUS and past assigned users are being updated.

While AFCARS 2020 pulls information regarding the Indian Child Welfare Act (ICWA), Delaware has very few youths that qualify for ICWA. It was determined that ICWA fields in FOCUS was lacking. Because a child's tribal affiliation must be entered for every youth, parent/caregiver, adoptive parent, or foster parent of youth in custody, the CQI Committee had recommended FOCUS team create and provide training to all DFS staff. This was completed in early 2023. It was also recommended that an ICWA status field be added to the Kids in Custody report to track and ensure ICWA information has been added. This request is pending but close to completion.

Considerable work has been done to address data priority three, which is to reduce duplicate person entry in our system, improve accuracy of address information, and reduce duplicate data entry among Child Welfare Contributing Agencies (CWCA). In order to reduce duplicate data entry, a Provider Portal is being built to allow direct entry by CWCA's and "Focus on FOCUS" emails provide helpful hints and reminders about data entry. Targeted areas have focused on demographics (race, ethnicity, and address), duplicate PID entry, search, timely placement entry, education information, progress note completion, and other data quality related areas. Several FOCUS modifications were implemented in 2022 to identify and remove Duplicate Case Persons from the system and to reduce new duplicate PID creation related to adoption name changes.

- Creation of a change request being implemented to identify and remove all Duplicate Case Persons in FOCUS for all divisions.

- Modifying the pre/post adoption flag logic to prevent inadvertent PID duplication related to adoption name change. Additional sets of controls in the PID creation and validation process will be implemented by July 2023 that will prevent duplicate PID creation.
- Enhancing the Duplicate PID Report to exclude pre- and post-adoptive children. These changes are scheduled to be implemented by August 2023. Currently identification and resolution of duplicates is a time consuming, manual process and the enhanced report will make this process more efficient.
- Validation will be added that will alert the user if they are potentially creating duplicated pre-or post-adoptive person involved records and duplicated adoption information records. This change is currently scheduled to be implemented in December 2023; however, it is already estimated and designed, and can be added to an earlier Sprint if programming capacity and priorities allow.
- Validation that ensures that when a person is added to a case, the mandatory fields for the Person Type are captured and, if needed, the Person Type (Client) is automatically generated was implemented in March 2023.
- Validation to ensure that race, ethnicity, gender, and address are completed on a Person before investigation/FAIR case closure can be completed. Ensuring this information is completed on Persons provides additional data points for Person searches in FOCUS, further reducing likelihood of duplicate Person creation. This was implemented in October 2022.

In addition to the above system and report enhancements, training materials (New Employee Training Decks, FOCUS User Manuals, and FOCUS Quick Reference Guides) have been updated to ensure the robust person search functionality is consistently and correctly used. The importance of person search to prevent duplicate PID creation is also stressed in training sessions. The Department has completed the conversion clean-up duplicate PID identification and resolution efforts. Additionally, the Department has planned and progressed numerous actions to address the ongoing challenge of duplicate Persons. Minimizing creation of duplicate PID's as well as identifying and quickly resolving duplicate PID's has become, and will remain, a general operating focus. As the FOCUS Liaisons are still receiving 189-276 new duplicate PID merge tickets each quarter, the Department will continue to focus on reducing duplicate PID creation through 2023. As the system enhancements detailed above are implemented in 2023, the division will continue to assess performance and determine if ongoing duplicate PID prevention should remain a Data Quality Plan priority going into 2024.

Delaware has resolved one previous priority related to entering accurate information, particularly zip codes. The **Person Address With No Zip Code** report is run regularly, and FOCUS Liaisons are subsequently directed to address any missing zip codes in the report. The number of missing zip codes has significantly reduced over the past year due to training, regular staff reminders, and overall heightened focus by the department. Training materials have been modified to reinforce the process and importance of address validation. If address is updated, FOCUS Liaisons now have the ability to do address validation again. The **Person Address With No Zip Code** report run on 4/4/23 showed that only 11 of 739 addresses created in March 2023 were missing zip codes, and no addresses created in January or February 2023 were missing zip codes. The department's focus on complete and accurate address entry will continue to be an integral part of daily operation, but missing zip codes will no longer be a DQP priority focus area going into 2024 as long as performance remains strong through 2023.

4. CQI workgroup for Teens to hold meetings to apply:
 - a. Defining the scope of teens in custody and impact on service provision and placement stability.
 - b. Researching solutions to prevent teen entry into care and prevent placement disruptions.
 - c. Forming a theory of change to prevent teen entry into care and placement disruption.
 - d. Implementing an intervention to improve placement stability for teens in care and prevention strategies.
 - e. Evaluating the impact on teen entry into care and placement stability.

Timeframe: June 2022 and ongoing.

Measure: Documentation of application of CQI principles on this project and impact on teen entry into custody and placement stability.

Progress Report:

This benchmark is in progress as the CQI process is continuous. The CQI Teen Committee was formed after analysis showed that case review performance results were significantly correlated with the number of teens in care. CQI Teen Committee held its first meeting in July 2021 and has continued to meet on a monthly basis. This group has grown to include representatives from every DSCYF division, the courts, numerous stakeholders, community partners, and individuals with lived experience. Members include the CQI Manager, DFS director, DFS case reviewers, Transitional and Independent Living Program Manager, Treatment Program Manager, Foster Care Program Manager, Regional Administrator, DFS Operations Manager, Department Manager of Data and Statistics, CIP Coordinator, Office of Child Advocate (OCA) Chief of Legal Services, OCA Data Analysts, OCA Youth in Transition Director, System of Care Director, Youth Lead of the System of Care Grant, DMS Program Director from Office of Cabinet Secretary, DMSS FIRST program supervisor, OCM Supervisor, FAIR Director, DPBHS Child Psychologist, YRS administrator, Kinship Program Manager, Delaware Futures, Delaware Father and Family Coalition, Founder of Duffy's Hope, Father and Wrestling Coach, Program Manager of the Behavioral Health Consultant Program, Independent Living Staff from Murphy School, DFS frontline supervisors and workers, and young adults with lived experience including the president of our youth group, HOPE.

The CQI Teen Committee has continued to review data reports and case reviews analyzing teens in custody and service provision implications and placement stability. Case reviews show that Delaware has shown a decline in performance on Permanency Outcome 1 primarily due to our performance on Item 4, placement stability. (See Assessment of Current Performance in Improving Outcomes for Item 4 Table). In reviewing the CFSR Round 4 statewide data indicators placement stability within the first 1,000 days, there was an average of 4.24 moves for FY2022 as compared to 4.75 moves for FY2021, an 11% decrease. Delaware correlates placement stability performance to the number of teens in foster care. Teens made up a disproportionate number of youths in foster care. Teens continue to have a higher rate of placement disruption as compared to younger children.

The following data points were considered by the committee. This data review was used to develop enhancement strategies for the teen population. 2020 Delaware Census shows that youth 10-19 make up 12% of overall population.

- As of 4/12/22, **43%** of youth in foster care were 13 or older. As of 4/24/23, **40%** (242 of 609) of our youth in foster care were 13 or older and **22%** (131 of 609) were 16 or older.
- Using AFCARS 2022A frequency report, **30%** of the children on the AFCARS report were born in 2006 or earlier (approximately 16 years of age or older). Of these children aged 16 and older, **82%** have had more than one placement setting and **65%** have had more than 2 placement settings since entering foster care as compared to all children in foster care where **59%** have had more than one placement setting and **37%** have had more than 2 placement settings.
- Using AFCARS 2023A, **20%** (145 of 731) of the children on the AFCARS report were born prior to 4/1/2017, (16 years of age or older). For these youth, 116 or **80%** had have more than one placement setting and 95 or **66%** have had more than 2 placements setting as compared to all children where **59%** (433 of 731) have had more than one placement setting and **33%** (243 of 731) have had more than two placement settings.
- CIP data reports that in the CY2021, **31%**, or 106 of 341 youth entering custody were teens. Of these youth, **40%**, 42 teens, were due to disrupted guardianships, **19%**, 20 teens, were due to a sua sponte order, and **10%**, 11 teens, were due to a disrupted adoption. Primary entry reason for these teens, **41%**, was parent-child conflict. Secondary reasons included guardian or caretaker no longer wishes to provide care, child's behavior, and child's mental health. Most of these disruption cases had PBHS history at the time of the disruption or within the past 6 months.

- CIP data reports that in the CY2022, **30%**, or 126 of 417 youth entering custody were teens. Of these youth, **21%**, 26 teens, were due to disrupted guardianships, **26%**, 33 teens, were due to a sua sponte order, and **9%**, 11 teens, were due to a disrupted adoption. Primary entry reason for these teens, **43%**, was parent-child conflict. Secondary reasons included guardian or caretaker no longer wishes to provide care, child's behavior, and child's mental health. Most of these disruption cases had PBHS history at the time of the disruption or within the past 6 months.

The Foster Care Program Manager worked with fiscal to gather numbers for board, group care, and out-of-state payments to confirm that teens are significant cost drivers and particularly with out of state specialized placements. Looking at the breakdown for Quarter 1 of FY21,

Foster Care Payments for Youth 13 years & over:

DFS Homes \$218,708

Group Care \$1,087,793

Out-of-state placements \$726,799

Total all age groups:

DFS Homes \$455,427

Group Care \$1.239 million

Out-of-state placements \$734,687

This data shows that 48% of board costs are for youth 13+. There are 90 youth over the age of 13 in DFS homes, which is 27% of the total. Data shows that teens make up 80% of group care costs and 99% of out-of-state placements. Using above numbers, there has been a 3% decline in youth in foster care 13 or older per DFS report; a decrease of 10% of youth 16 or older per AFCARS reports; and a 1% decrease of teens entering custody per CIP report since the creation of the CQI Teens Committee.

Placement stability has also been impacted by the lack of placement resources, especially for teens. With significant gaps or delays in services for teens with significant mental health or behavioral issues in Delaware, Delaware foster parents and other residential programs are unwilling to take in new placements or less tolerable of keeping teens with such significant behavior concerns or runaway behaviors.

The CQI Teens Committee developed a problem statement and two theories of change. The problem statement is 'Teens make up a disproportionate share of youth in foster care and placement stability decreases when a child is older.' The two theories of change are:

- Preventing teens from entering care will improve performance on placement stability.
- Improving service provisions across the Department to foster parents and youth will stabilize placements for teens in custody and improve performance on placement stability.

The committee is gathering information on community and contracted statewide services available to teens, including those that could address issues related to parent-child conflict. The committee found that many available services are being underutilized by the Department and is working on promoting these programs, educating workers and foster parents of their availability, and exploring cross divisional use of contracted programs. A report was built showing all division contracted services. Review of this report, however, showed inconsistencies with data entry related to the specific details or targeted use of the service. In the upcoming year, the committee will be working with contracted agency program managers and the Department contract unit to ensure completeness and consistency of information provided. Department leadership has presented at town halls and other forums that contracted services are available across the Department and that division directors will collaborate when a need exists. The DSCYF report team is also building an internal dashboard that will allow department staff to find services for a particular need. They are also working on a public facing dashboard of all non-contracted community-based services. Once this is completed, anyone would be able to access this dashboard and find available services to meet their needs.

Over the past year, the CQI Teens Committee has had numerous providers present at committee meetings so that information could then be sent out across the Department. For many of these providers, CQI Committee members arranged for providers to present at Lunch & Learn training sessions, unit meetings, and/or program team meetings. For all the providers, information on their program was shared via email to all DFS staff to further awareness of available resources. A positive outcome is that many of these providers then became members of the CQI Teens Committee.

To increase the knowledge of the CQI Teens Committee and Department staff, several presentations have been provided over the last year. Some of these were just to the committee, while others were available to all Department staff. Highlights of these include:

- In March 2023, Children and Families First did presentation at a Lunch & Learn training session on all their services available including FFT, Cognitive Behavior Therapy, and Child-Parent Psychotherapy. Children & Families First FAIR cases can be referred to Family Functional Therapy (FFT) and this service is underutilized. FFT expanded and will provide services to youth and foster parents in order to stabilize placements, but this is rarely taking place.
- In September 2022, DPBHS presented an overview of their programming to the CQI Teens Committee. Their programming reaches the statewide population and provides a variety of services that include family support and empowerment and parenting training. Of particular interest to the committee was information that DPBHS also funds after-school and summer programs throughout the state and has the Youth Response Unit that provides intervention when children in the City of Wilmington face an acute trauma situation. The committee was also interested in the Intensive Family Consultation program that helps families with children under 18 who face multiple problems due to risk factors. The program helps with 1:1 intense consultations, person-centered planning, advocacy & collaboration, and resource connection.
- In September 2022, the K-5 program, which is a voluntary program that is a collaboration between DOE and DSCYF, presented on their school-based family crisis therapists' program. FCTs are located in 54 public schools work with students whose behavior impedes their learning process or the learning process of others. Referrals are done through a school intervention team led by the school's principal. A noted barrier is that school based FCTs cannot engage with a child if that child is active in DFS services. Conversations were held whether or not children in foster care who often struggle with school could be considered for the program. It was stated that they could be part of a service continuum depending on circumstances. Presentation was also provided on the Behavioral Health Consultant (BHC) program. BHCs are in 32 middle schools and provide a variety of services including supportive counseling, crisis consultations, skill-building, referrals to community programs, and trauma-focused therapy. Referrals can be made by anyone or even be a self-referral from the student. Information on these programs was shared across Department by committee members. With this information, the administrative RED team began making referrals to the BHC and school FCT programs as a preventative type of approach to provide services to at risk families and youth in transition.
- In November 2022, the Delaware Family and Father's Coalition presented to the committee.
- In November 2022, Highmark Care Coordinators presented at a DFS Lunch and Learn training session and information on psychological assessments and the Transitional Independent Living programs was provided at a second Lunch and Learn training.

Given the long-waiting list for and lack of mental health/behavioral services for teens, CQI Teen Committee is exploring other avenues to provide needed supports to teens. Having a strong connection or a positive role model plays an important role for our youth. For this reason, CQI Teens Committee has been reaching out to various mentoring programs across Delaware. Several programs have presented to the committee:

- In January 2023, the director of the Green Beret Project in Dover presented to the Committee. The program has been in existence for seven-years and have built relationships with youth in low-income neighborhoods, Murphey School, and Ferris School. This mentoring program works with at-risk young men in high crime areas.

- In January 2023, executive director from Connecting Generations gave an overview of their program. They began over 30-years ago as a creative grandparenting program that later grew into a creative mentoring program. There are over 100 schools now partnering with the program with a presence in all three counties. The Creative Mentoring program has a mentor coordinator in selected schools. Mentors meet with the youth 30-60 minutes during the school week. Connecting Generations provides many other programs that are targeted to specific age groups and focus on emotions and showing respect. They do this through group sessions with a focus on the arts in some of their programs. Connecting Generations also has peer supported programs and provide mentors for children that are experiencing foster care. With all of the helpful information that was provided, the CQI Teens Committee arranged for Connecting Generations to present at a Lunch and Learn training session in March 2023. This program has expressed a desire to become more involved with DFS families and youth in foster care. The DFS treatment program manager is working with the Department of Education on a proposal that will allow a Connecting Generations referral be discussed at every Best Interest Meeting (BIM).
- In March 2023, founder of Duffy's Hope prevention program, which is designed to work with youth ages 13-18, presented. The program is in five schools and offers projects, field trips and mentoring. There is a parent advisory group, and they are working on a new housing project for young women aging out of foster care. Members of the Career Team also presented on their programs for education and employment in Kent & Sussex Counties. They work with young adults 16-24 in various skills and career development aspects. They can assist with obtaining a GED and then work for secondary education. They have a program with Delaware State University for six-month online certification programs that team the young adult with a mentor. They have partnered with the IT program that allows the young adult to be paid \$15 an hour for training in a 12-week program.
- Delaware Futures also presented to the committee in March 2023. Delaware Futures is a statewide program designed to help students from the 8th grade onwards with their education and post-secondary education success. They offer tutoring, mentorship programs, and paid internships among other services. The CQI Teens Committee has arranged for Delaware Futures program to present at an upcoming Lunch & Learn training session in June 2023.

The CQI Teen Committee also found that a gap in services exists for children and their foster families who are experiencing struggles. To address this and to improve placement stability, DFS finalized a contract with Wraparound Delaware to provide support services for foster families who are experiencing difficulties. The contractor will help the foster parent in navigating services and planning. This contract also provides a support group for foster families that is intended to help families to build supports and relationships and will serve families when placement is occurring from group homes, DPBHS facilities or from DYRS placement. The program is expected to serve up to 45 families per year. Other programs, such as Family Interventionists and Home-based programs can also be utilized by foster families. The committee plans to look at recruitment efforts and improved training for foster parents to better prepare them for challenging teens. DFS foster parents are offered diverse training opportunities each year. Trainings include working with youth who experience depression; suicide prevention; crisis diffusion; and working with LGBTQ+ youth. Participation in a training has been challenging and the Foster Care Program manager is working collaborative with our training partner, PCAD, to increase the number of trainings available and to develop strategies for improved attendance. The foster care program manager is also developing a training plan for DFS foster families and is looking to add more specific trainings such as trauma and human trafficking. Related to service provision, the committee has determined there is a need for improvement in service coordination across divisions. Service gaps were found during points of transition, for example, from DYRS or DPBHS residential services to home. During this transition period, the committee found that many teens enter DFS custody, sometimes via sua sponte orders from Family Court, as parents are not prepared or are unwilling to care for child due to lack of supportive services. It is challenging for DFS to find initial placements for these youth and, unfortunately, has led to youth spending nights supervised by staff at DFS office or other location until a placement can be located. The committee also found that policy and/or best practice is not consistently being followed as related to Policy 209. Additionally, a number of meeting types that impact teens entering or remaining stable in care such as Team Decision Making, Family

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Informed Resource Support Team (FIRST) (when child involved in multiple divisions), ice-breakers (caregivers and foster parents at time of initial placement), Dual Status Youth, and family team meetings, are often not being held prior to entry. As mentioned previously, Policy 209 is being reviewed by the CQI Post Adoption Disruption Committee. Per committee recommendations, a CQI Teens subcommittee was formed to compile a list of all meeting types that are held across all divisions involving teens, along with their purpose, frequency, and participants. The CQI Teens Committee meeting has focused efforts on defining barriers and promoting awareness of practice and policy related to these meetings and updates on initiatives and progress made is discussed at each meeting. The subcommittee is currently finalizing a Meeting Information Guide Sheet that will be provided to DSCYF staff and CPD as a reference tool.

Family Informed Resource Support Team (FIRST) was determined to be a program in existence that was underutilized due to lack of staff awareness. The FIRST program works with youth and families that are involved in more than one division. FIRST gets a system generated report with youth involved with more than one agency. A FIRST caseworker then reaches out to the other division workers and the family to gauge their interest in the FIRST program. The meeting is family-led and looks at the strengths of the family and youth, their needs, and concerns. FIRST will help find community resources and can help with funding some resources to secure home safety. In May 2022, FIRST presented their program at a CQI Teens Committee meeting. Committee member arranged for FIRST to present at August 2022 DFS All-Management Meeting. On 4/13/2023, the CQI Teens Committee featured the FIRST program during a Lunch and Learn and encouraged FIRST to present during regional staff meetings to share information about their program. The Committee also reviewed and made recommendations that were accepted to expand acceptance criteria for the program. Consequently, referrals to the FIRST program have improved and the staff in that program are at caseload capacity. The department is currently in the process of requesting an additional full-time position to support the increased demand.

Analysis of teen entry reasons also found a number of youths entering care due to criminal or risky behaviors that do not qualify for placement in a locked detention facility. CQI Teen Committee found, and stakeholder interviews confirm that a service gap exists for pre-adjudicated youth or youth involved in misdemeanor and risky behaviors. Services are available when the youth is adjudicated, but few diversionary programs are available for pre-adjudicated youth. YRS does not get involved prior to adjudication unless pretrial services are ordered. Information was shared with committee that school-based FCTs in K-5 schools and behavioral health consultants in the middle schools are prevention programs that are provided by PBHS.

The CQI Teens Committee explored initiatives to push the value of TDMs as a removal and sua sponte prevention tool for staff and the courts. Data related specifically to TDM is shared in other areas of this report. In CY2021, 20 teens entered care due to a sua sponte order. In CY2022, 33 teens entered via sua sponte. Analysis showed that majority of sua spontes were ordered by juvenile justice commissioners and a higher percentage were from Kent County. Entering DFS custody is a very traumatic event for youth and their families. Also, there are high costs for all child welfare systems associated with children entering care for shorts stays. The Treatment program manager met with TDM facilitators to provide TDM refresher trainings in September and October 2022. CQI Teen Committee members (Treatment Program Manager and CIP Coordinator) worked jointly to present information about TDMs at CIP stakeholder meetings in all three counties. It was recommended that the courts make referral to DFS so that TDM can be held, rather than ordering sua sponte custody. Further analysis found that the Kent County court liaison office had an extend vacancy. The vacancy has been filled and projected outcome is that the liaison will be able to provide intervention and lower the number of sua sponte orders from taking place in Kent County. The court liaison program did do a presentation to the judges on protocols and practice. The liaison team also presented at a DFS Lunch & Learn training session in April 2023 and data continues to be reviewed to determine the impact. The Operations Manager has established that DFS should not seek custody of a teen until a TDM has been held to prevent entry into care. Data continues to be reviewed to determine the impact. The Operations Manager has set guidelines that DFS should not

accept a teen into custody until a Team Decision-Making Meeting has been held to seek family, programs, and services that can prevent entry into care.

In order to address placement concerns, the Department worked closely with the Office of the Governor to seek funds to improve in-state services to youth with behavioral health needs. In April 2022, Governor John Carney approved American Rescue Plan Act funds to enable the renovation of Wharton Hall. Wharton Hall is a large building on the Delaware Youth and Family administrative campus that is currently not in use. The remodel will result in an increase of crisis beds from 6 to 10 and will create a 10 bed adolescent diagnostic and stabilization treatment program. The crisis bed program will continue to serve children and adolescents while the existing residential program for younger children that is currently operated at the Terry Childrens Psychiatric Center will be converted to a program for adolescents who need additional diagnostic assessment and stabilization to be better able to be successful in their community. Adolescents served in the diagnostic and stabilization program may be admitted directly from a home setting, from a crisis bed or inpatient psychiatric hospital and the program will focus on the development of a plan to enable to youth to return to their identified living arrangement. Length of stay for this program is expected to be approximately 90 days and it is not intended to replace residential treatment or to serve as a DFS shelter.

Ice Breaker Meetings have not been occurring to policy, within 5 days of placement. The Foster care program manager has addressed this with foster care coordinators. There is a request to create an Icebreaker task in FOCUS so that information can be captured and accessed. Icebreaker meetings are occurring more consistently with contracted provider agencies than with DFS foster homes. The foster care management team is meeting to strategize on improving ice breaker meeting usage.

The CQI Committee found that upon initial placement with a foster parent or provide, a copy of the child's Level of Care is provided. This form contains information that DFS believes is important for provider to know. Through the CFSR Stakeholder interview with HOPE, it was learned that youth felt that it was important for foster families and providers to know more about them. Feedback was received on what youth would want a potential foster parent to know about them and what they would want from a family. Based on the feedback, a "Get to Know Me" questionnaire was developed and reviewed with youth. It includes information such as favorite foods, hobbies, and schedules. This new tool is in the process of being finalized. The committee recommends that it be included in the placement packet provided at every new placement. The tool can also be used during Ice Breaker meetings to assist staff and foster parents in initial conversations with youth around placement. This benchmark's timeframe is ongoing and recommendations for actions will be detailed in benchmarks under the appropriate section of this plan.

Objective: Sustain CQI steering committee as the guiding authority for Office of Children's Services continuous quality improvement.

Rationale: DFS' CQI Plan requires the agency to designate a CQI Coordinator and a CQI Steering Committee. The Steering Committee representing various levels of agency staff and community partners will review implementation of the Plan and advise agency management of level of functioning and CQI strengths and areas needing improvement. The committee membership is determined by the coordinator and agency leadership.

Outcome: Application of CQI principles and strategies will improve processes, workforce competencies, service array, and outcomes for children and families. DFS' CQI system governance will mature providing structured guidance and growth of CQI culture. Quality assurance case reviews are conducted with fidelity, observing sampling, OSRI, and measurement standards.

Benchmarks:

1. The CQI Steering Committee will review case review findings and progress towards goals and make data driven recommendations for improving performance to the leadership team.

Timeframe: July 2020 and ongoing

Measure: Documentation of the committee's review of OSRI findings and recommendations.

Progress Report:

This benchmark is in progress and ongoing. The CQI Steering Committee meets at least every two months. Team members include the DFS CQI Manager, DFS Program Support Manager, DFS Operations Manager, case reviewer, data analyst, Regional Administrators from every county, DFS supervisors, the Department Community Relations Coordinator, CIP Coordinator, the Department CQI lead, DFS deputy director, adopted parent, Independent Living Program Manager, foster parent coordinator, Kinship Navigator Program coordinator, and project manager from office of the secretary. Our hope is to have additional front-line staff and more individuals with lived experience join the committee as well. This group considers stakeholder feedback, case review performance results, supplemental survey results, national data indicators, and report findings to determine agency strengths as well as targeted areas of needs. Case review performance are reviewed at every CQI Steering Committee meeting and documented in CQI Steering Committee minutes. The Committee continues to analyze case rating summaries for each item that is not meeting established goals to determine causal factors, commonalities, and trends. Results are broken down by county and by program area. CQI Steering Committee also reviews supplemental survey results at every meeting. The CQI Manager gives updates and shares reports on case review performance with DFS Director, Deputy Director, Operation Manager, and Program Team. The CQI Manager also presents information at Strategic Leadership Team and All Management Meetings. Recommendations and interventions made by CQI Steering Committee as well as subcommittees are also shared in these forums. Delaware also presents case review performance findings, identified targeted areas of improvements, and actions taken or recommended to improve performance at Stakeholders Meetings. This benchmark's timeframe continues to be ongoing for monitoring.

2. The DFS CQI steering committee will coordinate activities with the Department CQI workgroup.

Timeframe: October 2019 and ongoing.

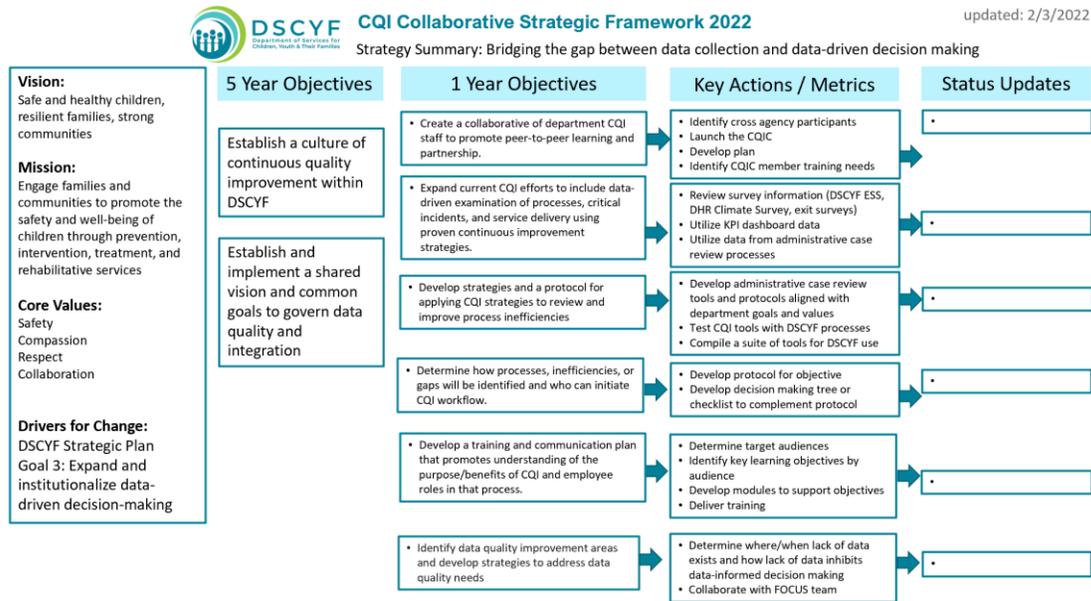
Measure: Documentation of coordination and progress of CQI activities.

Progress Report:

This benchmark is in progress and ongoing. In response to DFS' accomplishment in establishing a Quality Assurance System which has demonstrated how successful dynamic continuous quality improvement efforts are to improving practice, the Department has adopted their methodology and replicated this across the Department in various ways. Goal 3 of the Department 5-year Strategic Plan is to expand and institutionalize data-driven decision-making practices to demonstrate the agency's dedication to continuous quality improvement. In response, the department created a Continuous Quality Improvement Collaborative and Data Governance Board and leveraged the existing Department Quality Assurance Team to develop a System of Care Case Review Tool which closely aligns to the federal review tool and process used by DFS. The CQI Manager was very involved in the tool development and process. The CQI Manager also provided training to OCM reviewers on where to locate needed information in DFS FOCUS events. Modeling the current DFS case review process, Administrative Case Reviewers from the Office of Case Management conduct case readings and qualitative interviews of key participants and stakeholders to complete a case review tool. The first targeted review pilot was completed on youth who were involved with more than one of the DSCYF divisions (YRS, PBH, DFS). Process is in place that OCM case reviewer supervisor reviews sample of youth to CQI Manager to determine if DFS case review has already occurred on the youth. Delaware review team does not want to duplicate interviews with youth and families. A report of findings will be sent out every 6 months to DSCYF leaders. First report was sent out on 2/10/2023. See attached:

System of Care Comprehensive Review Analysis and Findings Report. To ensure there is a feedback loop, the ask is for the CQIC members to check in with their leadership to get their thoughts on what next steps they are taking internally (if any) in response to the findings, whether they want the CQIC's assistance with anything, and then similarly that member will follow-up with the CQIC to close the loop. It is the intent for the Collaborative to track and report out on the results of actions taken based on the information shared.

Below chart shows that CQI Collaborative Strategic Framework 2022.



The CQI manager is an active member of the CQI Collaborative and Data Governance Board. Additional objectives aligned with Goal 3 of the Strategic Plan are to develop a cadre of staff who are trained/certified in continuous quality improvement practice and dedicate resources to support ongoing improvement, cross training, and succession management activities; expand current continuous quality improvement efforts to include data-driven examination of processes, critical incidents, and service delivery using proven continuous quality improvement strategies. The DSCYF Continuous Quality Improvement Collaborative is currently finalizing a project charter related to engaging individuals with lived experience to ensure decision-making and project planning within the department are informed by diverse perspectives from individuals with lived experience. As part of this project, the Collaborative is researching how other jurisdictions have been successful at incorporating lived experience into planning and decision-making, developing a process for payment and reconciliation, determining parameters for participants, developing a recruitment strategy, developing a process to promote client confidentiality and submitting a pilot proposal. Members are currently developing policy to compensate those with lived experience. The DFS CQI Manager will be piloting this project.

The Collaborative has begun work on employee retention and morale and is currently gathering data to define the scope of the issue. The Collaborative reviewed results of employee satisfaction survey completed by Department. The Collaborative also held focus groups to gather more qualitative information. The CQIC reviewed the cumulative summary of comments and sorted them into themes using concept mapping process methodology. Recommendations that present an opportunity with few or minimal barriers, cost, or time are summarized in the report: Recommendations to Leadership on Cost-Free Ways to Boost the Employee Experience. Additional information about focus group discussions related to supervision and management are summarized in the Supervision & Management Practice Report.

A general mailbox was set up to solicit others in the Department to reach out with ideas for process improvements they would like explored or to suggest a collaborative approach on a current project. Collaborative members including the CQI Manager worked to create a standardized Plan Do Study Act (PDSA) template form for our department to use.

The CQI Manager is working with representatives from Office of Case Management, YRS, DMSS, and PBH to develop a multidivisional case review tool to be used by Department case review team. DFS report writers and data analysts continue to meet regularly with Department report writers during Report Developers Meetings to collaborate on activities and ensure there is not a duplication of efforts. The Collaboration also continues with efforts for the presentation of data on a public facing dashboard. Department and DFS report writing teams are also working together to become educated on report building tools such as Einstein and Tableau so that dashboards can be created for use by management to promote data informed practice. This benchmark's timeframe continues to be ongoing for monitoring and collaboration.

3. DFS' CQI steering committee to coordinate semi-annual stakeholder meetings and stakeholder input activities such as surveys.

Timeframe: September 2019 and ongoing.

Measure: Documentation of meeting schedule, attendees, presentations, and evidence of stakeholder input.

Progress Report:

This benchmark is in progress and ongoing. DFS stakeholder input activities and engagement are documented throughout this report. Delaware completed a Round 4 CFSR self-assessment. Stakeholders were engaged in all aspects of the assessment. There were over 100 active participants that contributed to the development of the Statewide Assessment. Delaware organized subcommittees for the many areas of the assessment for the collection, review, and analysis of related data. A comprehensive child welfare assessment survey was conducted using SurveyMonkey and issued electronically. The comprehensive assessment survey contained statements directly linked to the items of the Statewide Assessment and was issued to DFS staff, Department staff, community partners, legal community, foster and adoptive parents and youth from October 11, 2022 to November 9, 2022. In May 2023, federal team led stakeholder interviews were completed with various stakeholders (youth, parents, DFS staff, service providers, leadership, etc.). The CQI manager observed or participated in every meeting to use feedback provided in CQI activities.

As mentioned earlier in report. a supplemental survey was created to ask system related qualitative questions of parents, children, and caregivers such as foster or kinship providers during case review interviews. The case review team began administering this survey in the spring of 2022. Supplemental Survey results are reviewed at every CQI Steering Committee meeting.

DFS hosted a stakeholder meeting on September 20, 2022. (See attached: *DFS Stakeholder Meeting 9-20-22.*) One hundred forty (141) individuals from at least 24 different agencies attended this meeting including representatives from Administration for Children & Families. At this meeting, Delaware presented our recent context data and statistics; reviewed recent developments in each of the program areas including actions steps taken as a direct result of the feedback given at prior stakeholder meeting; provided analyzed case review performance; identified our strengths and areas that needed improvement; shared information about the agency's growing Continuous Quality Improvement activities and impact on practice; and gathered stakeholders' comments and concerns to inform the agency's strategic planning. There was less feedback by stakeholders provided as compared to previous meetings. One stakeholder noted that they appreciated the transparency, because DFS covers all the

struggles and are upfront with what we are working on, there was no criticism. “When you lay it out there, it is hard to be critical.”

Delaware currently has five active Continuous Quality Improvement Committees, a steering committee and four subcommittees made up of various stakeholders and community partners. The collaboration and use of various means to gather input is discussed in earlier sections of this report. This benchmark’s timeframe is ongoing.

4. DFS’ CQI steering committee to inventory and catalog reports for use by administration, operations and program staff to reference in support of new initiatives or to recognize strong practice and performance for safety, permanency well-being and systems.

Timeframe: June 2020 and ongoing.

Measure: Documentation of report inventory and cataloging by outcome and system.

Progress Report:

This benchmark is ongoing. Delaware maintains an inventory and catalog of all reports available for use by administration, operations, and program staff. This is updated on a regular basis as new reports are created. Report requests are also maintained in our Tracker data system. A report is also able to be pulled from FOCUS showing all reports housed in the FOCUS data system. This benchmark’s timeframe is ongoing.

Workforce Stability and Development

Goal: Stabilize the workforce to improve outcomes for children and families.

Rationale: The Division is experiencing an unstable workforce with higher-than-normal staff turnover rates. The statewide staff turnover rates are shown below in the chart. While we saw a decrease in the turnover rates during the pandemic, we are continuing to trend up since then. The unmanageable workload associated with high caseloads, along with the lack of consistent staff development and training opportunities are turnover drivers for DFS. Normalizing caseloads, workloads and providing supports such as better training and compensation through hazardous duty pay will stabilize the workforce and create an improved work environment with experienced staff. Stakeholders agree caseload and workload are too high.

Measure: Caseload averages will be at or near the mandated standard and turnover rates will be reduced to 10% or less.

Performance:

Calendar Year	Turnover Rate
CY2018	26.27%
CY2019	15%
CY2020	6%
CY2021	15%
CY2022	19%

Objective: Enhance skill set and competences of staff through enhanced training opportunities primarily focused on Safety Organized Practice and Structured Decision Making®.

Rationale: In 2014, DFS began a sweeping practice model change through Outcomes Matter initiatives which included Safety Organized Practice, a child welfare practice model grounded in critical thinking regarding safety and strong family engagement. When Safety Organized Practice was implemented, staff were provided with 12 modules of training across the first year of implementation. Since that time, SOP was incorporated in new worker training so that new staff are introduced to the practice strategies. However,

there is a gap in training opportunities for staff to deepen their practice through continuous training opportunities on the practice model. In addition, many of the “early adapters” and trainers of the practice model have been promoted to new and different positions and are not available to support continuous training on the model. Turnover of staff has also negatively affected the level of staff with knowledge and experience in using the SOP techniques. Stakeholders say training can be strengthened for caseworkers. Reinvesting in SOP training for all staff develops internal capacity to provide ongoing training on the model and strengthens staff skills. Outcomes will be stronger performance in the areas of assessment, family engagement and planning with children and families. Opportunities for staff to develop their skills and receive skills training also will assist with staff turnover by improving morale and connectedness to the agencies work.

Outcome: Well-trained staff prepared to utilize strong engagement and critical thinking skills with the children and families they serve. Increased family engagement in assessment and planning will result from quality engagement by trained staff.

Benchmarks:

1. DFS program team to engage Evident Change (formerly NCCD/CRC) through a technical assistance contract to establish a Safety Organized Practice Continuum for DFS staff with a budget of \$380,000.

Timeframe: October 2020.

Measure: Executed contract and documentation of contractor and agency activities.

Progress Report:

This benchmark has been met. Early in FY2020 DFS’s Fidelity Team, which is comprised of regional staff, members of the program team, the Deputy Director, and the Administrator of Children’s Services, asked Evident Change (formerly NCCD/CRC) to create a series of trainings, designed to deepen SOP and SDM® practice, inform a peer coaching model, support the CQI model design, and provide a case reading model for staff at all levels. The following elements were included in the new training contract: 1. Outcomes Matter Survey—to inform the team about the current training needs; 2. Case Reading Training and Policy Development; 3. SDM® Supervisory Advanced Modules; 4. Peer Coaching Model; 5. CQI Improvement Model Design; and 6. SDM® Worker Advanced Modules. Initial planning meetings had been held to begin training for peer coaches. CPD participated in the roll-out of the SOP training for DFS staff in summer and fall of 2021, through scheduling sessions in the DLC, tracking attendance, participating in training, and modifying existing DFS training, as needed. Initial recipients of training were investigation supervisors, who participated in SDM® Supervisory Advanced Modules, and peer coaches, who participated in the Peer Coaching Model training. Planning is currently underway to implement Case Reading training, which will then form the basis for a curriculum for unit based SDM® Worker Advanced Modules.

In March 2021, a staff survey was sent to staff. This survey was completed by April 2021 and the results were compiled by Evident Change. There were three key themes highlighted:

- i. There is inconsistent understanding of the purpose of some SDM®/SOP tools, even though many participants believe they have strong knowledge of the SDM®/SOP system.
- ii. Workers and supervisors are using the SDM® and SOP tools to support their decisions for children and families
- iii. Participants commonly responded that they could benefit from more training and support.

Training for peer coaches has been completed.

In November and December 2021, Evident Change offered 3 Investigation and 3 Treatment Refresher training/coaching sessions for supervisors and administration on advanced SDM® and SOP Practice. There were 23 Treatment Supervisors and/or administrators who completed this Treatment Refresher.

CPD has participated in the roll-out of the SOP training for DFS staff, through scheduling sessions in the DLC, tracking attendance, participating in training, and modifying existing DFS training, as needed.

In CY2022 and early CY2023, Evident Change has worked with Fidelity Team to revise and improve the SDM® Case Reading Manual. Once edits are complete, training will be rolled out to staff. It is anticipated that this training should be available later this year. This benchmark's timeframe is updated to December 2023 to complete the final training roll out.

2. DFS leadership to develop a training pool that includes staff volunteers, members of CPD, TDM® facilitators, coaching supervisors and practice coaches who are prepared to receive the "Train the Trainer" SOP modules.

Timeframe: June 2023

Measure: Established pool of trainers.

Progress Report:

This benchmark is in progress. The DFS Fidelity Team and Evident Change negotiated an alternative way to approach training support with SDM®. Funding was prioritized to case readings to help DFS better understand areas where the practice is not landing. This idea of a training pool remains an interest of DFS but will be delayed until the case reading and staffing issues have been addressed. With staff workload needs and turnover, it has been difficult to establish a training pool. With recent additions to round out the practice coaches, coaching supervisors, and the hiring of the TDM facilitator positions, it may be possible to revisit this benchmark in the future. There will continue to be outreach to staff and coaches who are interested in providing ongoing training, and staff will be trained as identified. The TDM Facilitators continue to actively train new staff in TDM and will be working with the Treatment Program Manager to provide TDM refresher training to all staff. The Investigation Program Administrator teamed up with the Treatment Program Manager to deliver a Family Team Meeting Refresher Training that was specific for FAIR workers. This benchmark's timeframe is being amended to June 2024.

3. DFS leadership and CPD staff to implement trainer modules of Safety Organized Practice baseline and depth of practice modules.

Timeframe: June 2023

Measure: Documentation of training completion using the DLC tracking.

Progress Report:

This benchmark is in progress. After the case readings are developed and implemented, there will be a better idea of areas of SOP where more in-depth training is needed. At that time, more discussion will take place on how to identify and train trainers and coaches. This benchmark's timeframe is being amended to June 2024.

4. Establish a calendar of opportunities for all staff to participate in all levels (baseline and depth of practice) of Safety Organized practice. DFS leadership will collaborate with the CPD, practice coaches, training pool staff and CRC to set the training calendar.

Timeframe: June 2023

Measure: Documentation of completion of 'Train the Trainer' sessions.

Progress Report:

This benchmark is in progress. Pending items 1-3 above. This benchmark's timeframe is being amended to June 2024.

5. SOP trainers to conduct baseline and depth of practice Safety Organized Practice training modules.

Timeframe: June 2023

Measure: Using DLC's attendance tracking, 100% of newly hired staff have SOP training. In addition, 80% of existing staff will have completed SOP (baseline or depth of practice) training aligned with their need.

Progress Report:

This benchmark is in progress. Pending items 1-3 above. This benchmark's timeframe is being amended to June 2024.

Objective: Reduce caseload averages for frontline staff through a staffing capacity plan that will increasing the number of staff available to carry cases.

Rationale: Delaware has a mandated caseload standard, which is set at 11 for investigation and 18 for treatment. Despite the mandate, the agency has experienced investigation caseload averages that are double the standard for the last year and half. For example, in the third quarter of 2018, the investigation caseload average was 23.4 and the average for the fourth quarter of 2018 was 22.8. While the treatment caseload averages have hovered at or near the standard of 18, the CPAC Caseload/Workload Time Study determined that that standard is too high. When workers are carrying more cases than they can reasonably manage, they are unable to make timely and quality assessments and interventions with children and families. A staffing capacity plan normalizing caseloads brings the agency in compliance with the mandated caseload standard and provides quality assessment and interventions with children and families. In addition, unmanageable caseloads lead to workers being overwhelmed, burn out and not feeling successful in their roles with the Division. These conditions lead to increased turnover. As of March 31, 2020, investigation caseload average for fully functioning caseworkers is 16.7 and treatment average caseload for fully functioning caseworkers is 13.4.

Outcome: Staff will manage caseloads at or near the mandated standards.

Benchmarks:

1. DFS leadership to implement a 5-year staffing plan that will have annual submissions based on the previous year's caseload average. Each year the Division will continue to review monthly and quarterly caseload reports and staffing levels (turnover reports) to develop the coming years staffing budget request.

Timeframe: 2020 and annually for next 5 years, submissions for staffing requests will coincide with the annual budget preparation and timeframes.

Measure: Documentation of FY2020-2024 budget proposals for staffing.

Progress Report:

This benchmark is complete. Over the last two years, DFS worked with our partners at DHR and OMB (Office of Management and Budget) to include the caseload standards and position requirements in our epilogue language. The goal was to transition away from an annual staffing plan and request to standardized authority to seek positions when necessary to be in compliance with the caseload standards. Now that this has been accomplished, we will have authority to seek additional positions when needed and do not have to have a stand-alone yearly staffing plan. The epilogue language allows

for position acquisition in alignment with the caseload standards for treatment and investigation caseloads. Given the number of vacancies in existing positions during 2022, we have not been in a position to ask for additional positions. We will continue to evaluate the need annually and work with our OMB partners if and when additional positions are needed.

Objective: Reduce the mandated caseload standard for treatment by modifying legislation and assessing staffing needs to bring the agency into compliance with the new caseload standard.

Rationale: The Division in coordination with the CPAC Caseload/Workload Committee engaged in caseload and workload time study collaborating with Delaware State University. Results of the time study demonstrated that treatment staff, who have a current caseload standard of 18, do not have enough time to complete the necessary activities required to successfully manage the needs of the children and families on their caseload. Reducing the caseload standard and ensuring that staff are carrying caseloads at or near those standards, will allow staff to have enough time to complete the necessary activities associated with their cases. Timely completion of activities leads to improved performance in the areas of safety, permanency and well-being. A manageable caseload also leads to job satisfaction thereby reducing the likelihood of staff turnover due to the demands of excessive caseloads.

Outcome: Treatment and permanency staff will have a manageable caseload leading to better safety, permanency and well-being outcomes.

Benchmarks:

1. DFS leadership to build staffing and budgetary plan to ensure that DFS can come into compliance with the lowered caseload mandate standard. DFS to add case carrying, supervisory and other support staff to the current staffing complement so that workers carry an average number of cases at or near the new standard.

Timeframe: September 2022 and ongoing until lower caseload standards are implemented.

Measure: Documentation of staffing and budgetary plans aligned with lower caseload standard.

Progress Report:

We continue to monitor treatment and permanency caseloads via weekly, monthly, and quarterly caseload reports. Although we saw treatment caseload averages rise slightly each quarter of 2022, the statewide average for treatment caseloads for the year was 13.3, still well below the standard of 18 and just slightly above the new caseload standard of 12. The same was true for permanency caseloads. We saw slight increases in the average each quarter but the caseload average for the year was 12.6. also below the standard of 18 and just above the new standard of 12. The legislation to change the caseload standard from 18 to 12 did not pass the Senate Finance Committee hearings last year. However, it was reintroduced this year as Senate Bill 33 with additional information regarding the epilogue language and authority of the Division/Department to seek additional positions only when necessary and when caseload averages are above the new standard, along with current caseload averages over the last year. Deputy Director, Sue Murray and Director, Trenee Parker attended house and senate committee hearings and the final vote of approval for the bill was April 4, 2023. The bill awaits final signature from the governor. Because DFS worked with our partners at OMB and DHR to establish caseload standard epilogue language that provides a pathway to request additional positions to come into compliance or stay in compliance with the caseload mandate, we no longer need a staffing plan and therefore this benchmark is complete. DFS will continue to monitor treatment and permanency caseloads in accordance with the new standard.

Objective: Provide quality new worker and in-service training.

Rationale: Delaware stakeholders say pre-service and in-service trainings for caseworkers need improvement. As part of a comprehensive onboarding program, New Employee Training (NET) ensures that new hires receive the necessary knowledge and experience to perform their job competently and confidently. Recent studies have suggested that new staff appreciate a structured orientation to their day-to-day responsibilities, more guided support from their supervisors, and to be accepted into the group (<https://www.td.org/insights/surprise-new-employees-want-formal-training>). A September 2018 study by talentlms.com and Dr. Allison M. Ellis, Ph.D., Assistant Professor of Management and Human Resources at the California Polytechnic State University found that the highest employee satisfaction with onboarding programs included blended learning delivery methods, a longer duration, more ‘company culture’ training, increased supervisory involvement, and a sense of connectedness and belonging (<https://www.talentlms.com/blog/new-employee-onboarding-study/>).

An organization’s investment in robust NET, as well as continuing education, demonstrates to staff that they are valued and appreciated. In turn, employee retention improves as staff feel more engaged, understand the expectations placed on them, and have opportunities to develop, grow, and advance. According to shiftelearning.com, in a “recent national survey of over 400 employees spanning three generations (Baby Boomers, Generation X, and Millennials), 70% of the respondents indicated that job-related training and development opportunities influenced their decision to stay at their job.” (<https://www.shiftelearning.com/blog/statistics-value-of-employee-training-and-development>).

Outcome: DFS NET and the entire new hire experience will reflect the commitment of the Division to be a learning organization that supports personal mastery, shared vision, and team building. DFS staff and supervisors will be provided with opportunities for continuing education that allow them to stay current with trends in child welfare, to support the initiatives of the Division, to further develop their skills, and to advance professionally.

Benchmarks:

1. After surveying new DFS staff on their training experience, CPD will collaborate with DFS to develop a comprehensive onboarding plan for DFS new hires that builds a sense of connectedness with the Division, delivers valuable training, and ensures consistent feedback and evaluation throughout the learning process.

Timeframe: April 2023 and ongoing

Measure: Documentation of staff surveys and issuance of an onboarding plan.

Progress Report:

This benchmark is ongoing. Beginning in January 2022, the DFS NET classes returned in-person and CPD reinstated the process of assigning all 15 New Employee Training (NET) courses within a 4-month training period (instead of giving staff a full year to complete them). This allowed CPD to begin surveying staff after they completed NET. New staff hired to DFS within CY2022 were surveyed about their onboarding experience in a New Employee System Evaluation. (See Benchmark #3 for results of the CY2022 New Employee System Evaluation)

CPD provides a Transfer of Learning (TOL) Brief to the new staff, Coaching Supervisors, and assigned supervisors before NET commences. The purpose of the TOL is to orient new staff to the DFS onboarding process. The TOL includes the role of the training partners, explains the DLC, reviews the SOP Principles, provides New Employee Training (NET) course descriptions, discusses the onboarding expectations, and includes a list of OJT activities. The TOL is updated regularly to reflect new courses added to the curriculum, changes to DFS policy or procedures, and modifications to the onboarding process. (See attached DFS Transfer of Learning NET Brief- 16th Edition)

All new DFS staff also are provided with the *CPD Training Expectations* that outlines their responsibilities in the learning process. (See attached *CPD Training Expectations*)

In FY2023, DFS created a new Coaching Supervisor position for Sussex County, bringing the total number of Coaching Supervisors up to four across the state (two for New Castle County and one each for Kent and Sussex Counties). Coaching Supervisors manage the onboarding process for new staff by coordinating schedules, arranging mentors, assigning test cases, providing feedback, and preparing new staff for their role. They support new staff throughout their first few months of NET and help transition the new staff to their assigned units and supervisors. CPD and the Coaching Supervisors meet on a regular basis to discuss test and survey results, trends in training, retention efforts, feedback on mentoring, and the entire onboarding experience. DFS is also hiring several Practice Coaches to embed the SOP principles in the work of new and existing staff. The Practice Coaches will help reinforce DFS practices, procedures, and policies throughout the onboarding process for new hires.

2. CPD to train DFS supervisors on the onboarding process.

Timeframe: April 2023 and ongoing

Measure: Documentation of training completion using Delaware Learning Center attendance tracking.

Progress Report:

This benchmark is ongoing. Issues identified by the CPD/Coaching Supervisor Workgroup are escalated to DFS Leadership, as needed, to make changes to the onboarding process. When the onboarding process is modified, CPD will ensure that DFS supervisors receive training, materials, and/or guidance on the new process(es). In FY2023, no significant changes were made to the onboarding process. DFS continues to focus their efforts on hiring and retaining staff to attain a full complement.

3. CPD staff will confirm the DFS NET curriculum complements the existing policies, practices, and initiatives of the Division. Embedded in the NET will be the values, knowledge, and skills necessary for quality safety decisions and child welfare casework. The DFS NET will include opportunities for staff to learn in different ways, including Instructor-Lead Training (ILT), online training, and on-the-job experiences.

Timeframe: January 2020 and ongoing.

Measure: Documentation of training curriculum adjustments, variety of learning opportunities and DLC attendance tracking.

Progress Report:

This benchmark is ongoing. CPD partners with DFS as a member or leader of workgroups, committees, and leadership meetings to provide consultation, assessment, planning, development, coordination, and other related workforce development activities for DFS staff. To ensure consistency between practice and training, CPD participated in numerous meetings and workgroups to remain current on DFS policies and child welfare practice in FY2023. (See list in Benchmark #7)

CPD provides Instructor Lead Training (ILT) on the skills and knowledge needed by new hires to understand and implement the DFS Safety Organized Practice (SOP) model. A NET curriculum of 15 competency-based courses is provided to cohorts of new DFS caseworkers and contracted agency staff over a period of 4 months. New staff attend five core ILT sessions in their first month: *Safety-Organized Practice: An Introduction to the SOP Model and Structured Decision Making (SDM®)*, *Interviewing: Purposeful Conversations for Family and Youth Engagement*, *This IS Abuse and Neglect: Identification and Responding by Child Welfare Workers*, *Factors Affecting Child Safety: Assessing for Addiction*,

Domestic Violence, and Mental Health Risks, and DSCYF FOCUS Training - DFS Intake and Basic Navigation. The remaining NET courses are spread out over the following three months and are interspersed with days in the field/office, so that new staff can begin experiencing On-The-Job (OJT) activities immediately. This permits new staff to see ‘real life’ examples of topics covered in training and to practice new skills while they are still ‘fresh.’ Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, through mentoring of OJT activities and experiences. CPD is equipped to provide the ILT courses in-person and virtually, depending on business need. (See the full list of NET courses in the Transfer of Learning Brief) New DFS staff are also automatically assigned online courses in the Delaware Learning Center (DLC) on different subjects that support the Outcomes Matter strategies, department policies, and supplement NET.

As policies and procedures are created or modified, CPD immediately makes changes to the DFS NET curriculum. CPD also gathers information about individual NET courses through Level 1 course evaluations that rate the trainee’s perception of the course content, process, relevance to their job, and trainer performance. Level 1 evaluations are required for course completion for all DFS NET classes. Rating categories include a Likert Scale of excellent, very good, good, fair or poor. The evaluations include open-ended questions requesting ideas for improvements. The Level 1 evaluations are reviewed regularly to inform training content, learning strategies, trainer competence, and delivery. Participants rate the content for its direct applicability to their job and if they feel their knowledge and skill level increased by the end of the training.

CPD also utilizes post-tests for most NET courses as Level 2 evaluations to measure knowledge retained by staff after participating in training. Test questions are derived from material discussed in class and focuses on theories, skills, and competencies critical to effective child welfare practice. The information gathered through post-tests contribute to curriculum and facilitation updates.

As explained in Benchmark #1, CPD also surveys new staff on their overall onboarding experience through a New Employee System Evaluation that is assigned in the DLC after they complete the entire NET curriculum. Following are the results of the CY2022 surveys:

DFS New Employee System Evaluation Responses FY2023 (N=26)

Questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Content was appropriate to orient me to the job	0%	4%	24%	24%	48%
Training reflected policy and best practice	4%	0%	17%	33%	46%
Training prepared me to begin doing my job	4%	8%	19%	31%	38%
Supervision Questions					
Supervision proved me adequate direction	0%	4%	19%	27%	50%
Supervision supported classroom training	4%	0%	12%	27%	58%
Supervision provided me regular feedback about my job performance	0%	4%	15%	31%	50%
Mentoring Questions					
Mentoring provided enough shadowing opportunities to orient me to the job	12%	4%	12%	24%	48%
Mentors gave me useful performance feedback	8%	4%	15%	31%	42%
Mentoring prepared me to do my job	12%	4%	12%	27%	46%
Shadowing Experiences/On-the-Job Training					
Shadowing activities were sequenced well to help orient me to the job	4%	12%	15%	31%	38%

Shadowing helped me learn my job more effectively	4%	4%	19%	19%	54%
Shadowing experienced workers helped prepare me to do my job competently	4%	4%	19%	31%	42%

The Delaware Learning Center (DLC) serves as the learning management system for the State and DSCYF. In the DLC, staff can self-register for Instructor Lead Training (ILT), complete online modules, view training videos, read/acknowledge policies, add external training, access their transcript, calculate their training hours, and participate in shared interest learning communities. The DLC allows staff to experience a variety of learning opportunities.

- DFS NET curriculum will be reviewed yearly (or more frequently, as needed) to ensure consistency between training and practice.

Timeframe: March 2020 and ongoing.

Measure: Documentation of training curriculum review and adjustments

Progress Report:

This benchmark is ongoing. CPD tracks significant changes to the DFS NET curriculum throughout the year. During FY2023, curriculum updates included modifications to the *Safety Organized Practice Policy and Procedures* manual to reflect changes made by Evident Change and data updates. Modifications were also made to the curricula in the following NET courses: *Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks* and *Child Development: What's Working Well and What are We Worried About*.

- New mentors will attend the ‘Safety Organized Practice Mentoring Training’ course to ensure they understand their important role in the entire onboarding process.

Timeframe: December 2019 and ongoing.

Measure: Documentation of mentor attendance of Safety Organized Practice Mentoring Training’ using DLC tracking.

Progress Report:

This benchmark is ongoing. The distancing guidelines during the pandemic significantly impacted the mentoring experiences of new staff hired during that time. In addition, DFS experienced high levels of attrition following the return to the workplace, leading to a scarcity of experienced caseworkers. This course was not offered in FY2021 or FY2022. In FY2023, *Safety Organized Practice Mentor Training* will be offered once for staff who have been promoted and are ready to begin mentoring. CPD plans to offer the course twice a year going forward.

- DFS new hires will demonstrate the skills they’ve acquired thru formal testing and mentor/supervisor observations.

Timeframe: September 2020 and ongoing.

Measure: Documentation of testing and observation of new hires.

Progress Report:

This benchmark is ongoing. As mentioned in Benchmark #3, CPD utilizes Level 2 post-tests to measure how well the participants retained the information covered in the course. Nearly every NET class

includes a mandatory post-test. Participants are provided with 5 attempts to pass the post-test with a score of 80% or better. CPD staff provides assistance to any staff who may struggle with a post-test. Test questions are derived from material discussed in class and focuses on theories, skills, and competencies critical to effective child welfare practice. Level 2 evaluations provide CPD with information about a participant's strengths and any areas of concern, which can then be shared with the DFS Coaching Supervisors, mentors, and Practice Coaches. In FY2023, 88.6% of DFS new hires passed the post-tests for 12 NET classes in 1 or 2 attempts with an overall average score of 82.5%. The overall score includes those participants that needed more than 2 attempts to pass. CPD reviews data from the Level 2 evaluations to inform training content, learning strategies, trainer competence, and delivery. Newly acquired skills are practiced and reinforced during OJT through observation and feedback from mentors, Coaching Supervisors, and Practice Coaches.

7. CPD will attend monthly DFS Strategic Leadership Team meetings and bi-monthly treatment and investigation workgroup meetings to remain up to date on current policy, practice, and initiatives.

Timeframe: October 2019 and ongoing.

Measure: Documentation of meeting attendance and training adjustments to stay current with policy, practice, and initiatives.

Progress Report:

This benchmark is ongoing. CPD partners with DFS as a member or leader of workgroups, committees, and leadership meetings to provide consultation, assessment, planning, development, coordination, and other related workforce development activities for DFS staff. In FY2023, CPD participated in numerous meetings and workgroups to stay current on policies, practice, and initiatives to ensure consistency between practice and training, including:

- DFS Strategic Leadership Team (SLT)
- SLT Training Planning Subcommittee*
- SDM® Fidelity Workgroup
- Evident Change Training Subcommittee
- DFS Investigation and Treatment Workgroups
- DSCYF Policy Workgroup
- Churchman's Safety Committee
- CIP Training Subcommittee
- Barratt/Robbins Safety Committee
- Trauma Informed Care Committee
- Juvenile Anti-Trafficking Action Committee (JATAC)*
- Domestic Violence Workgroup
- Mandatory Reporting Workgroup*
- CPAC Training Workgroup
- DSCYF Diversity and Inclusion Committee
- DSCYF Strategic Planning Steering Committee

**Chaired by a CPD team member*

In FY2023, a new workgroup was created to review existing courses and to create training levels with increasing competencies for promotions within the Family Service Specialist series. CPD co-leads that workgroup with DFS.

8. CPD will participate in SDM® Fidelity Team to support the use of SDM® assessment tools and SOP principles with fidelity.

Timeframe: October 2019 and ongoing.

Measure: Documentation of SDM® Fidelity Team participation and actions taken by CPD to improve SDM® and SOP implementation with fidelity.

Progress Report:

This benchmark is ongoing. CPD participates in the SDM® Fidelity Workgroup. The workgroup is collaborating with the Evident Change consultants to identify necessary training topics and to facilitate the coordination of SOP refresher classes for DFS staff. In FY2023, Evident Change continues to develop Case Review training for DFS staff. The Fidelity Workgroup has begun reviewing the risk reassessment tool and policy.

9. DFS Training Plan will be reviewed annually and revised based on stakeholder input, case reviews and other indicators of practice fidelity.

Timeframe: 2021 and ongoing.

Measure: Documentation of annual review of training plan and actions taken.

Progress Report:

This benchmark is ongoing. The DSCYF Training Plan is reviewed annually to reflect staff and stakeholder input, state and departmental requirements, and changes in practice. The DSCYF Training Plan is broken down by Division to indicate required courses for DFS staff and supervisors. The training plan incorporates the most up to date information and provides guidance on professional development opportunities for staff to meet their required 28 hours of training per calendar year. (See attached DSCYF Training Plan FY2024).

10. CPD will use the DLC to schedule and evaluate training sessions. Attendance will be tracked and CPD will provide reports on continuing education hours to ensure compliance with policy and practice standards.

Timeframe: December 2020 and ongoing.

Measure: Documentation of continuing education training using quantitative and qualitative performance measures.

Progress Report:

This benchmark is ongoing. The Delaware Learning Center (DLC) continues to serve as the learning management system for all attendance tracking and course offerings for DSCYF. CPD staff are certified administrators within the DLC and have access to create courses and sessions, assign training, upload recordings/materials, track attendance, and run reports. CPD distributes a NET Compliance Report to DFS leadership at least twice a year to identify staff out of compliance with the required NET classes. In the first half of FY2023, 71% of new staff had completed their required NET training and the remaining 29% were only missing 1 or 2 courses. Additionally, CPD distributes a report to the entire Department in July and October with the YTD Training Hours, so staff and supervisors know where they stand towards the year-end goal of 28 hours. A final report is distributed in early January for the previous calendar year for inclusion in yearly Performance Reviews. In CY2022, 65% of DFS staff completed at least 28 hours of training. DFS leads the other child and family serving divisions within DSCYF in the percent of staff who have achieved the Training Hour goal. This benchmark will continue as ongoing.

Service Array

Goal: Strengthen informal and formal services for children and families.

Rationale: All families, regardless of background, need to have access to meaningful services to build their protective capacities in order to keep their own children safe and to prevent them from entering foster care. Prevention efforts must look beyond those whom we traditionally consider to be "at risk," and instead must take a collaborative community approach to provide services that strengthen families and are accessible to anyone who wants to use them. This requires examining the resources already available within the Department as well as considering how the agency can better partner with outside community resources, such as Division of Public Health, Prevent Child Abuse Delaware, and other nonprofit organizations. Stakeholders agree Delaware has an array of formal services but services need to be better coordinated and known among all partners at the family and system levels. Responding to a survey, stakeholders agreed or were neutral that Delaware has services to meet the needs of children and families: DFS (65%), DSCYF (76%), community partners (89%), court (60%), youth (80%), and foster parents (88%). Eighty-one percent of the responses indicated that Delaware has services to keep children safe in their own homes. Eighty-eight percent of the responses indicated Delaware has resources to help children return home, to relatives, or to adoptive homes. Eighty-six percent of the responses indicated that services are individualized to meet the needs of children and families. Stakeholders also identify gaps in service for smaller populations requiring specialized care such as foster youth struggling to live in community settings, human trafficking victims and youth aging out of care. Delaware needs to cultivate informal supports to sustain lifelong healthy children, families and communities. Longitudinal impacts of prevention and early intervention services can be defined and measured, informing continuous improvement in child welfare.

Measure: Primary measures are recurrence of maltreatment and count of child abuse victims per 1,000 children per Kids Count publication. Companion measures for this goal are OSRI results for Item 12: Needs and services of child, parents and foster parents, Item 12A: Needs assessment and services to children, Item 12B: Needs assessment and services to parents; and Item 12C: Needs assessment and services to foster parents, Item 16: Educational needs of the child, Item 17: Physical health of the child, and Item 18: Mental/Behavioral health of the child. Stakeholder input on the broader service array will inform evaluation of service array system functioning and effectiveness.

Performance:

Recurrence of maltreatment for FY19-20 is 4.0% and better than the national performance of 9.5%. Kids Count® data shows the rate of child abuse victims per 1,000 and Delaware has continued to improve from a high of 11.7 per 1,000 in 2012, to 7.2 per 1,000 in 2017, to 6 per 1,000 in 2018, to 5.8 per 1000 in 2020, to 5.2 per 1000 in 2021.

OSRI Case Review Measures	
Item 12: Needs and Services for child, parents and foster parents	
Measurement Period	Strength Rating
Performance Goal	90%
Oct 2020 – Mar 2021	62%
Apr 2021 – Sept 2021	77%
Oct 2021 – Mar 2022	70%

For Item 12, Delaware has not met performance goal of 90%. For most recently completed case reviews (October 2021-March 2022), Delaware scored the following:

- Item 12A: Needs assessment and services to children, 78%;
- Item 12B: Needs assessment and services to parents, 66%;
- Item 12C: Needs assessment and services to foster parents, 98%.

For Item 16: Educational needs of the child, Item 17: Physical health of the child, and Item 18: Mental/Behavioral health of the child, Delaware has consistently scored a 90% or higher. For most recently completed case reviews from October 2021- March 2022, Delaware scored a 98% for Item 16: Educational

needs of the child, a 93% for Item 17: Physical health of the child, and a 90% for Item 18: Mental/Behavioral health of child.

Objective: Increase community awareness of services by implementing a plan for collaboration, education, and resource development.

Rationale: There are a number of services in Delaware, but those services reach a select number of families and children. Increasing the awareness of services across Delaware will allow for a more individualized experience. This will also allow Delaware to more accurately evaluate gaps in services and allow for planning as a state and community to fill those gaps. Strong collaboration between service partners, families and stakeholders will improve needs assessment of the family and individualize the services.

Outcome: Service array in Delaware will be known and strengthened statewide at the family and system levels. Services will be individualized based on accurate needs assessment, planning and service delivery choices. Children and care providers will have appropriate supports. Reunification timeliness will improve with DFS formal services without increasing foster care reentry rates. Treatment case closures without reopening in 12 months will increase.

Benchmarks:

1. DFS, Prevent Child Abuse Delaware and Court Improvement Program to sponsor the Integrated Child Welfare Planning Collaborative to organize and strengthen collaboration, communication and access to prevention, early intervention and formal child welfare services. Collaborative to establish objectives and activities to improve the prevention to formal child welfare intervention service array.

Measure: Documentation of Collaborative membership, activities and products.

Timeframe: December 2023

Progress Report:

This benchmark in progress. Preliminary discussions have occurred with leadership of the 3 components of the collaborative to plan for engagement of the efforts pioneered by the previous leadership. Delaware Child Welfare is currently under review for Round 4 of the CFSR which will provide a good framework for the renewed collaborative. Given the timing of the CFSR and PIP development this timeframe is being updated to June 2024.

Objective: Increase utilization of services to at risk families prior to involvement with the state child welfare agency and prior to removal of children from the home.

Rationale: Families are capable of making sound decisions for their children given the right resources. Child maltreatment can be reduced or prevented when at risk families have early access to services. Promoting healthy life choices reduces conditions leading to maltreatment and risk of maltreatment. Stakeholders agree prevention services need improvement. Current prevention services include parent education, strengthening families, promoting safe and stable families, Delaware Fatherhood and Family Coalition, early intervention, behavioral health consultants, and home visiting. Trauma-informed and developmental development evidence-based screenings for children entering foster care, and monitoring psychotropic medications add valuable resources for reunification and permanency achievement.

Outcome: Families will have early access to services when needed and before deeper end child welfare services are needed.

Benchmarks:

1. DFS, Prevent Child Abuse Delaware and DPBHS to participate in Integrated Child Welfare Planning Collaborative activities to organize and strengthen collaboration, communication and access to prevention and early intervention services.

Timeframe: December 2023

Measure: Documentation of Collaborative activities to promote access to and increase utilization of prevention services.

Progress Report:

This benchmark is ongoing for collaboration. The Collaborative has not been meeting as originally designed however, the three agencies have been working together on utilizing current prevention and early intervention strategies like the Promotion Safe and Stable Families contracts managed by PBH and partnering with PCAD on an opportunity to do a Pathway One prevention contract to help serve families in a better way than deep end services. Regular meetings are held with PBH and DFS to discuss families referred and services utilized to help target appropriate family needs with the appropriate intervention. The Department has also submitted their prevention plan as part of the FFPSA requirements. No changes to the timeframe of this benchmark.

2. The Division of Prevention and Behavioral Health Services to contract with a provider to manage the Middle School Behavioral Health Consultation Program (MSBHC). The program continues to co-locate behavioral health consultants (BHC) in 30 middle schools statewide to assist with identifying youth at risk, provide mental health and crisis screenings, and facilitate a range of brief interventions designed to remove barriers to academic and social success.

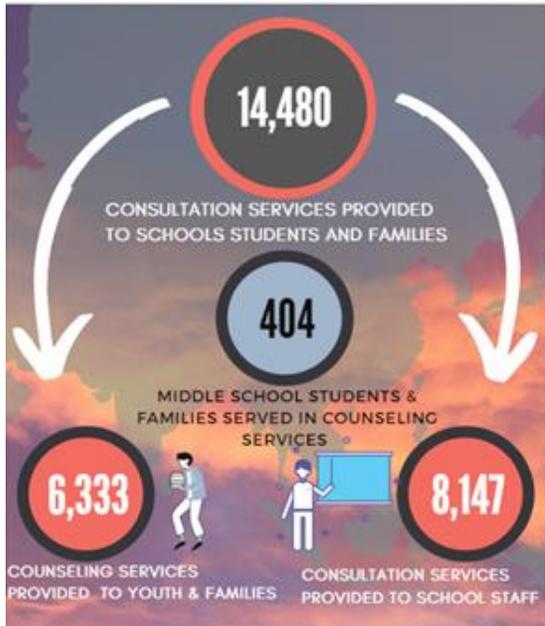
Timeframe: 2020 and ongoing.

Measure: Documentation of BHC service activity, statistics and outcomes.

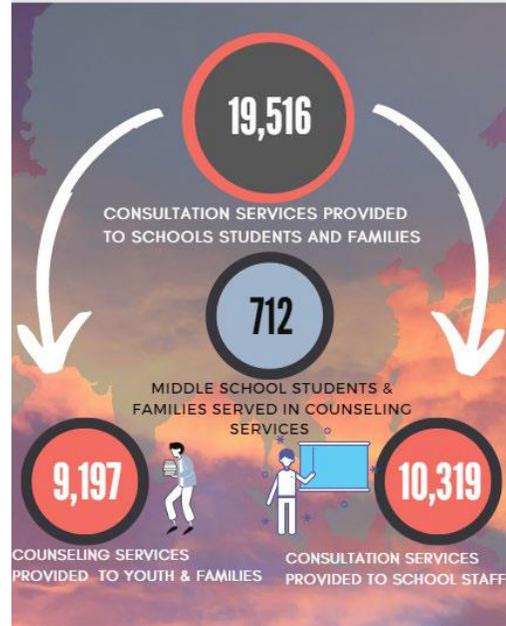
Progress Report:

This benchmark is ongoing. The BHC program served 712* middle school students in BHC counseling services. 174 students received short-term counseling services and 594 students received supportive counseling services. 126 students transitioned between the two BHC levels of care. For this academic year, we provided 19,516 consultation services to the schools and the student body. 3,466 consultation services were to students and families, including risk assessments, urgent matters and case management support. Of the student services, 1,399 services were for crisis support, 2,067 were for case management support and 944 services were to support groups in the school. 10,319 consultation services were to the school staff, including administration, school counselors, teachers and school nurses.

**this number represents discrete students served regardless of how many services received.*



2020-2021 Academic Year



2021-2022 Academic Year

Compared to last year we significantly served more students and families. The 2021-22 school year marked the first full year that we provided services in person since the pandemic. Prior to that, many of the students that we normally see in person were attending school virtually would reduce the need for behavioral intervention, crisis interventions and urgent matters. A large part of this increase is likely due to the need for counseling services and consultation services needed to support students and faculty through the challenges that were created as a result of the pandemic.

3. DPBHS and Children & Families First to develop monthly and annual data reports showing the number of youths receiving BHC services, type, demographics, diagnosis, and those that do not become involved with deeper end treatment services at 45, 90, 120 days post discharge.

Timeframe: June 2021 and ongoing.

Measure: Documentation of BHC service statistics, demographics, outcomes and trends.

Progress Report:

Reasons for Referral

Across both levels of BHC counseling services, the top three categories for referral were relational related problems, depressive related problems, and anxiety related problems. Of the 174 students who received short term counseling services, 16% of referrals were relational related (bullying & peer conflict & family stressors), 25% of referrals were depressive related (withdrawn, sad or depressed behavior & self-injurious behavior & suicidal ideation) and 18% were anxiety related. Of the 594 students who received supportive counseling services, 16% were relational related, 20% of referrals were depressive related, and 22% was anxiety related.

Referral Agent

For short term counseling, 49% of referrals came from school counselors, 22% came from other school staff, and 9% came from the student or guardian. Under supportive counseling services, 39% of referrals came from school counselors, 28% from the student or guardian, and 24% from other school staff. Compared to short term counseling services, there was an 8% point increase in self-seeking referrals which lead to decrease in school staff referrals for supportive counseling services. Self-

referrals might be due to the fact students requested services. Students that were familiar with the BHC program were more likely to seek out services again possibly to maintain that resiliency factor of one trust adult. Compared to last year, the numbers of referral agents remained approximately the same.

Demographic Information

Gender

In short term counseling services, 61% of students identified as female, 36% male and 1% trans/nonbinary/other. In supportive counseling services, 60% of students identified as female; 37% male, and less than 1% trans/nonbinary/other.

Race

In short term counseling services, 51% of students identified as white, 33% black, 10% Hispanic, 4% is for bi or multiracial, 1% for Asian/pacific islander, and 1% for other. In supportive counseling, 40% of students identified as white, 40% black, 9% for Hispanic, 8% for bi or multiracial, and 1% for Asian/pacific islander and other.

Language

In short term counseling services, 96% of students spoke English, and 4% of students spoke Spanish as their primary language. In supportive counseling services, the same percentages occurred 96% of student spoke English and 4% spoke Spanish.

Age

In short term counseling services, 34% of students were 12 years old, 31% were 13 years old, 17% were 11 years old, 15% were 14 years old, and the other 3% makes up students that were 10 or 15 and over at the time of enrollment.

In supportive counseling services, 36% of students were 12 years old, 34% were 13 years old, 16% were 11 years old, 10% 14 years old, and the other 6% makes up students that were 10 or 15 and up.

Education Status

81% of student enrolled in short-term counseling are regular education, 13% are special education and 7% are honors. 76% of students enrolled in supportive counseling are regular education, 20% are special education and 4% are honors.

ACEs

ACEs refer to Adverse Childhood Experiences, such as childhood abuse, community violence, experience of racism or parental substance abuse. Studies demonstrate that adults who experience four or more adverse experiences are more likely to have long term health impacts of heart disease, substance abuse, legal system involvement and suicide, to name a few. Prevention measures include routine screening of all students and multidisciplinary interventions. Of short-term counseling students, 16% of students had an ACE score of 0, 16% had 1 ACE, 18% had 2 ACEs, 13% had 3 ACEs, and 31% of students had 4 or more ACEs. Of supportive counseling students, 21% had 0 ACEs, 19% had 1 ACE, 18% had 2 ACEs, 12% had 3 ACEs, and 31% had 4 or more ACEs.

Discharges

We had a high rate of successful discharges for the 2021-22 academic year. We had 88% of successful discharges in short term counseling. In supportive counseling, 86% of students were considered successful discharges. Successful discharges are defined as the following: student no longer needed services, student transitioned to another BHC service, successful discharge without a referral, and successful discharge with a referral.

4. DPBHS to sustain Early Intervention (EI) programming in 54 schools statewide to prevent at-risk children and families from entering deeper end, more intensive formal child welfare services.

Timeframe: 2020 and ongoing.

Measure: Documentation of EI statistics and outcome surveys of teachers and parents.

Progress Report:

K-5 Early Intervention Program

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and DOE. EIP provides services to students displaying behavioral problems that impede their learning processes, or the learning process of others. The Early Intervention Program was created in 1995 through collaboration between Department Secretaries, the Legislative Joint Finance Committee, and then Governor Carper. The program started with 9 Family Crisis Therapists (FCTs) and currently employs 54 FCTs. 51 of those positions are State-Merit and 3 are contracted through Jewish Family Services (JFS). In September 2023, although the FCTs are under the merit system classification of Family Crisis Therapist (FCTS), their working title was changed to Family and Student Interventionist (FSIs).

EIP targets children who exhibit behavioral, academic, social, or mental health problems that, unless appropriately addressed at an early stage, can manifest through early failures in school and into other more serious social and/or emotional developmental issues which could and potentially lead to early onset conduct disorder. These children often experience early incidents of delinquency and can potentially begin a lifetime cycle of failure. If these problems are not addressed early, children and their families are likely to require more intensive and expensive interventions later in the life cycle and continue to the deeper-end services of DSCYF.

Fifty-four FSIs/FCTs from DSCYF are assigned to designated elementary schools in fifteen school districts and seven charter schools throughout the state. The EIP is a voluntary program for parents/caregivers. Referrals are made by principals, teachers, guidance counselors, nurses, and other school staff. A typical caseload of an FCT/FSI is 15 to 17 children/families. From January 2022 through December 2022 the average caseload size was 14 cases per FSI/FCT.

EIP's holistic approach employs FSI/FCTs that are uniquely different from traditional guidance or school counselors. FSI/FCTs work with students' entire families, including parents/guardians and siblings. In many instances, FCTs/FSIs work with families to address survival and/or crisis issues e.g., preventing the electric from being shut off, thus enabling them to focus on the emotional, academic, and social needs of the child(ren).

The goals of the EIP are to "Help Parents Help their Children" improve student behavior in the home and school, improve school and parent relationships, and empower parents to be able to become self-sufficient in seeking services for their families.

The K-5 Early Intervention Program has identified 5 priorities that have the most effect on caseload families' ability to succeed:

- Contact with the child at the school. Each caseload child is seen individually 4 times each month.
- Parent engagement. Parents from each family are seen at home once each month and at school once each month.
- Communication with the school. FSI/FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FSI/FCTs, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

All children and families are evaluated (including a trauma screen) and then an intervention plan is developed with the family. The FSI/FCTs provide support, when appropriate work on parent training

skills with the parents, assist the child in developing self-control skills and helps the family connect with community resources.

Survey results show 98% of parents were satisfied with the improvements in the behavior(s) for which their child was referred, 90% of parents found the program useful in helping them cope with their child’s negative behaviors, and 93% of parents found the program useful in helping them work with their child’s teacher and school. 98% of parents would recommend EIP to others.

Surveys	Parent	Teacher
Number	444	476
Satisfied w/behavioral improvements	98%	97%
Program helped w/ coping	90%	94%
Program helped w/ school	93%	93%
Would recommend to others	98%	98%

EIP keeps statistics on number of staff, location, children, and families served, cases, contacts and services:

Statistics by CY	January 2017 to December 2017	January 2018 to December 2018	January 2019 to December 2019	*January 2020 to December 2020	January 2021 to December 2021	January 2022 to December 2022
# FCTs/FSIs	average # of FCTS= 52	average # of FCTS= 52	average # of FCTS= 52	average # of FCTS=47	average # of FCTS=48	average # of FCTS/FSIs =42
# Of vacancies	8	7	9	9	15	**** 29 out 54 total positions
# Schools	54	54	54	54	54	54
# Districts	15	15	15	15	15	15
# Public Schools	47	47	47	47	47	47
# Charter Schools	7	7	7	7	7	7
# New Cases	563	480	528	163	354	516
# Ave Cases/Month	16	15	15	13	12	14
# Ave Students/Month	33	31	32	17	25	14
# Ave Adults/Month	24	22	25	**88	52	42
	<u>Total for 12 months</u>					
# Ave Non-Caseload Students/Month Total	21/13082	19/11973	20/12112	19/10818	21/12234	10/5015

Statistics by CY	January 2017 to December 2017	January 2018 to December 2018	January 2019 to December 2019	*January 2020 to December 2020	January 2021 to December 2021	January 2022 to December 2022
# Ave Non-Caseload Adults/Month Total	7//4054	6/3533	6/3948	4/2193	3/1979	3/1558
# Ave Home Visits/ Month Total	12/7542	10/6052	10/6385	8/4272	see numbers in ave. parental contacts	
# Ave Office Visits/ Month Total	11/6698	9/5693	8/4947	3/1918	see numbers in ave parental contacts	
# Ave Parental Contacts/Month and total			***	***	59/33636 *****	42/20778
# Ave Individual Counseling Sessions/ Month Total	72/44703	50/31031	69/42986	39/22027	38/21754	63/36093
# Ave Groups, Large and Small/Month Total	28/17436	21/12888	32/19653	18/10048	20/11179	19/9697
# Ave Family Counseling Sessions/Month Total	26/16063	21/12888	31/19410	17/9498	22/12556	16/9053

* The lower numbers in 2020 are a direct result of the COVID-19 pandemic which began March 16, 2020, and the need to social distance.

**The # Ave Adults/Month in caseload provided interventions were higher in 2020. Due to the need to social distance, there was a decrease in face-to-face contacts. As a result, there was an increase in telephone/email contacts which were included in these numbers as of March 16, 2020.

***During the pandemic we began calculating parental contacts which includes home visits, office visits, telephone/email contact and One on One Parent Education Triple P. # Ave Parental contacts/month and Total replaces the # Ave Home Visits /month and Total and # Ave Office Visits /month and Total fields in 2021.

****The lower numbers in 2022 are a direct result of an increase in vacancies from previous years.

During this reporting period from January 2022 to December 2022 K-5, the Early Intervention FSI/FCTs partnered with numerous community-based services, including Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, medical centers, and mental health providers for children and adults. These services include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and childcare providers. By accessing necessary resources before a crisis arises, the FSI/FCTs support the

family and help ensure through home visits that they are getting the help that they need to remain intact and functional. Through a partnership with the Nemours Foundation in 2011 and 2012, EIP became certified providers of “Triple P” Positive Parenting Practices parenting program. FSI/FCTs have 2 of the top 3 nationally ranked empirically validated programs available for DE families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being. In the Fall of 2022, the EIP adopted the Social and Emotional Learning (SEL) program Positive Action. Positive Action is based on the intuitive philosophy that we feel good about ourselves when we do positive actions. FSIs will teach parents, students and teachers how to work together to be healthy, think critically and creatively, solve problems, be responsible, form positive relationships, be honest with self and others, set goals, and do other positive actions to become happy and successful. This program replaces “Triple P” and also has a train the trainer component that will allow our 12 certified trainers to do training refreshers and train new staff.

Challenges for the FSIs

Over the last year there has been an increase in vacancies within the EIP. FSI/FCTs have left to go to other positions in the school districts. Due to growing issues within schools due to children being out during the pandemic, school districts hired school-based counselors for all elementary schools. Some staff elected to apply and work for the school districts in the School Counselor positions. With these positions offering higher salaries, we not only lost some staff, but we also saw a deep decline in the number of qualified applicants applying for the FSI/FCTs position. These additional School-based Counselor positions also created additional services in the schools that do similar work as the FSI/FCTs and has initially made it hard at some schools for FSI/FCTs to get new cases. As the school year progressed the FSI/FCTs were able to obtain more cases as each different entity has begun to establish their place in the schools.

Priorities for Next Year

The Early Intervention Program plans increase SEL trainings to ensure that FSI/FCTs have the proper trainings to deal with existing and current issues brought about due to the Covid-19 Pandemic. The FSI will begin to have sessions with Parents using the Positive Action program. Adding this component to our interventions helps the program to build on the holistic philosophy of incorporating the child, parents, and schools in the treatment of the children we serve. The FSIs have created a data base of resources across the state to make it easier for FSIs to find services and resources to help the families in the schools we serve.

We are also, looking to create a fund that will allow for use to be able to supply resources of our own in emergency situations for our caseload families. Resources such as bus passes to allow for families to get to Dr. appointments. Emergency housing vouchers while families wait for other services to become available. Food and clothing vouchers to address an immediate need for families. We are in the middle of rebranding and building on the services that we already provide to our families to continue to stand out from other services. This will be accomplished by cooperation between the management team and the FSI/FCTs.

FSI/FCTs will seek new partnerships to ensure families get the same high level of assistance and services the program has offered in the past.

5. EI program leadership to add ‘I Can Problem Solve’ (ICPS) model as an intervention. ICPS is a universal school-based program designed to enhance the interpersonal cognitive processes and problem-solving skills of children in preschool through 6th grade. Train family crisis therapists on the model and implement for 2019-2020 school year.

Timeframe: 2020 and ongoing.

Measure: Documentation of ‘I Can Problem Solve’ training, implementation and adjustments.

Progress Report:

This benchmark continues but will be combine with benchmark #4 because it is incorporated into that reporting. Early Intervention continues to us the “I Can Problem Solve” model as well as adopting in Fall of 2022 the Social and Emotional Learning (SEL) program Positive Action to accompany the “I Can Problem Solve” program. The progress and updates are provided in the previous benchmark so this will be removed from the plan.

Objective: Delaware will define and identify foster care candidates; providing evidence-based prevention services that prevent foster care removals.

Rationale: It is important for children to grow up in their own family and maintain their family connections. Children who are able to safely remain in their own home avoid the trauma of entering foster care. Family First Prevention Services Act authorizes Title IV-E funding for evidence-based prevention services after Administration for Children and Families (ACF) approval. DFS has not implemented foster care candidacy Title IV-E administrative claiming.

Outcome: Children will remain safely in their own home, reducing the number of children entering foster care.

Benchmarks:

1. DFS program team and leadership will define foster care candidacy. Once determined, the team will develop policy and procedures to implement required provisions.

Timeframe: December 2022

Measure: Documentation of foster care candidacy provisions and ACF approval.

Progress Report:

This benchmark is completed. Delaware’s foster care candidacy definition is: *A candidate for foster care is a child who is at imminent risk of foster care absent the effect of the services included in the child-specific prevention plan.* This was approved by ACF by email from Lisa Pearson on 9/30/19. The definition has been incorporated into the Department Prevention Plan for FFSFA. The plan has been submitted to ACF and is currently under review and edits. The activities of developing policy and procedures will be developed and implemented upon approval of the Prevention Plan. This benchmark’s timeframe will be updated to June 2024.

2. DFS and CPD to train staff on foster care candidacy policy and procedures. Regional managers, supervisors and caseworkers will be educated on how to determine eligibility and requirements for ongoing eligibility.

Timeframe: March 2023

Measure: Documentation of foster care candidacy training.

Progress Report:

This benchmark is in progress. The candidacy definition has been determined and it is being incorporated into the Department’s FFSFA prevention plan. The training will be developed upon completion of policy and procedures. This benchmark’s timeframe is being amended to June 2024.

3. DFS to submit change requests to revise FOCUS to record and report candidacy statistics.

Timeframe: July 2023.

Measure: Documentation of foster care candidacy FOCUS updates.

Progress Report:

This benchmark is still in progress and is dependent on ACF approval of the Department's Family First Prevention Services Act (FFPSA) prevention plan. The Department submitted the state's FFPSA prevention plan in November 2022 to ACF for approval, for which feedback has been provided and Department leadership are in the process of reviewing and finalizing for resubmission in summer 2023. The DFS program team began discussions in 2022 on reporting parameters and client counts as preliminary work to frame the modifications needed to the FOCUS system. Over the next 12 months, several meetings with the DFS program team will be scheduled to continue discussions and draft the business rules aligned to the necessary modifications for candidacy designation and prevention case planning functionality. Following determination of the functionality needed to address this benchmark, the process will move into the design phase during which time the state's information system vendor will estimate the level of effort for the build and discuss with the state the funding needed to make the necessary system changes. As the Department continues to roll out the FOCUS Provider Portal, a pared down version of FOCUS used by child welfare contributing agencies (CWCAs), this effort will ensure synchronization with referrals to community providers for family prevention services. This benchmark's timeframe will be updated to July 2024.

4. DFS to collaborate with partners to select and implement prevention services for identified candidates for foster care per Family First Prevention Services Act evidence based qualified services.

Timeframe: September 2022

Measure: Documentation of prevention services and ACF approval of provisions and claiming methodology.

Progress Report:

This benchmark is in progress. Delaware prevention planning partners have included representatives of partner agencies and community-based contracted provider organizations. This group initially met as an Executive Committee and associated working groups to develop initial plans. The participants included representatives from the Department of Education; the Division of Health and Social Services, to include Division of Social Services, Division of Medicaid and Medical Assistance, Division of Developmental Disabilities, Division of Public Health and Division of Substance Abuse and Mental Health; Family Court, including the Court Improvement Project manager; and a youth with lived experience as a young adult who experienced foster care, among others. The members of this committee, along with leadership from the Department, proposed services that will build the foundation of the prevention plan. These services were included in the submitted Prevention Plan and have been encourage in request for proposals for new DFS family support contracts. DFS would like to select contractors that can provide evidence-based prevention services to families. DFS uses differential response options to provide the right level of intervention and support to families referred to DFS. The goals are to strengthen and stabilize families early and prevent maltreatment occurrence/recurrence and address risk factors that could lead to entry into foster care. The Delaware prevention plan will build upon this infrastructure to further reduce foster care entries. DFS is currently working with ACF on edits and clarification of the Prevention Plan for final approval. This benchmark's timeline will be updated to October 2023 for completion of the approval process.

Objective: Develop both formal and informal in-state resources to assist victims of human trafficking through collaboration with partners.

Rationale: The issue of human trafficking has come to the forefront in Delaware in the past few years, and with the passing of HB 181 in 2017, the Division tracks and serves trafficking victims and their families. Agencies operating under the Multidisciplinary Response to Child Abuse and Neglect Memorandum of DE APSR 2024

Understanding use a standard juvenile trafficking protocol to identify, screen and serve victims of trafficking. Current DFS policy specifies that when reports of possible human trafficking are received at the hotline, they are assigned to an investigation unit, which then works with the child's family to ensure that the child has an appropriate, protective caregiver. Given the statistics linking repeat runaway behavior with higher incidence of becoming a trafficking victim, policy guides interviewing a returning runaway foster youth for possible trafficking. Service array interventions for this specific population need evaluation and development.

Outcome: Victims of human trafficking are appropriately identified and provided with evidence-based services to prevent future victimization.

Benchmarks:

1. The Intake and Investigation, and Treatment Program Managers to provide training to frontline staff on Juvenile Trafficking Protocol and policy. As well as training to use the current tools, as well as other factors that may assist in identifying youth who have been exploited.

Timeframe: June 2022 and ongoing

Measure: Documentation of tool revisions and staff training.

Progress Report:

This benchmark has been completed. The Intake and Investigation and Treatment Program Managers were part of the CPAC subcommittee who selected the CSE-IT (Commercial Sexual Exploitation – Identification Tool), which is an evidence-based validated tool, originating with WestCoast Children's Clinic. The CSE-IT was presented to CPAC in May 2021 and was granted final approval. This screening tool is validated and is considered multidisciplinary. It does not rely on self-disclosure and allows for the screener to use knowledge gained through interviews and collateral information. The tool can be used for universal screening of youth 10 and older. This screening tool will also allow for collection of quantitative data. Training to pilot the tool was provided to DFS intake staff, DFS permanency and treatment staff, and staff in other DSCYF sister agencies (approximately 125 staff) in October 2021, and use of the tool at intake and by youth workers began in January 2022. All other department staff were trained on the use of the tool starting in June 2022, when train-the-trainer training was provided by WestCoast Children's Clinic. DFS is using CSE-IT at intake when a report is called in that has some red flags for trafficking, when a youth returns from missing/runaway, and for youth in foster care during the child planning phases. CSE-IT is used by the Department for any youth identified as Dual Status (a youth in foster care who has a new arrest or enters DFS custody through sua sponte). On June 30, 2022, Westcoast Children's Clinic provided a Train the Trainer on CSE-IT for 16 identified Department Trainers, who consist of frontline staff, supervisors, and administrators. This allows Delaware to train all current Department staff and provide ongoing training for new staff and refreshers, as needed. Several training sessions were offered throughout August and September 2022, and 175 Department staff were trained. Training is ongoing and offered every two months for new staff and those who still need the training. The tool continues to be used as part of the Dual Status Youth meeting. Additionally, DFS case workers are starting to use the tool as part of the Child Planning series for children in foster care. The SDM® intake definitions for human trafficking were updated in December 2021. The Division's trafficking policy has been updated and is awaiting the Director's signature. In addition, the Juvenile Trafficking Protocol, which is part of the MDT MOU, has been updated and was approved by CPAC in May 2022. This benchmark's timeframe will be updated to completed. Furthermore, intake staff were encouraged to use the tool on any reports where the reporter shares details that are indicators of juvenile trafficking. In June 2023, the Department rolled out a Train the Trainer for CSE-IT and 16 Department staff were trained to provide this training. Several training sessions were offered throughout August and September 2022 and 175 Department staff were trained in FY 23. Training is ongoing and offered every two months for new staff and those who still need the training. The tool continues to be used as a part of the Dual Status Youth meeting. Additionally, DFS

case workers are starting to use the tool as a part of the Child Planning series for children in foster care. This benchmark's timeframe will be updated to completed but being updated to monitor usage of tool and screening for human trafficking.

2. Foster Care Program Manager to assess and resource specialized placements for foster youth who are also trafficking victims. Provide specialized training for foster parents caring for trafficking victims.

Timeframe: June 2023.

Measure: Documentation of assessment, findings, recommendations and implementation of specialized foster parent training.

Progress Report:

This benchmark is in progress. It is clear there is a continued need to focus on education and training for foster parents and congregate care providers in Delaware on juvenile trafficking. December 2022, all foster care placement resources (family foster care, congregate and shelter care) were placed out to bid via the RFP process. In the RFP, the Foster Care Program Manager specifically asked for resources to support youth who are also trafficking victims. Additionally, the RFP called for all congregate care proposals to provide information regarding their ability to provide high-quality training, supports, and services to staff and survivors of trafficking. The RFP closed in February and a proposal was received for an in-state therapeutic group care facility specifically for trafficking victims. Although we are still in the process of awarding contracts, the RFP panel did recommend awarding a contract to that organization in effort to have a specialized in-state resource for trafficking victims. All of Delaware's in-state contracted child placing agencies have received training and information on our trafficking protocols and the use of the CSE-IT tool which we began using in 2022. Additionally, three of our congregate care providers completed a six-week advanced Residential Course through My Choice My Life sponsored by Children's Bureau, Region 3 in April 2022. Attendees learned to develop a comprehensive CSEC policy and protocols that align with best practices, create a diverse, non-judgmental, and engaging culture for improved outcomes for exploited and high-risk youth, create and maintain a coordinated system of care, and advanced skills and expertise around the trajectory of recovery from exploitation. Delaware continues to work on providing specialized training for foster parents on caring for youth survivors of trafficking. The Foster Care Program continues to include a section in pre-service training for DFS foster parents that was developed in partnership with a local community-based organization, Zoe Ministries, specializing in this area. Additionally, we provide yearly supplemental training on Human Trafficking hosted by Zoe Ministries for foster parents. The most recent training offered was in March 2023. Additionally, we continue to contract with 4 out-of-state residential facilities that have specific services or programs to youth who are also survivors of trafficking. This benchmark is making progress and is ongoing.

Objective: Strengthen foster care resources for all children in out of home foster care.

Rationale: Children need temporary foster care settings and skilled service providers to meet their daily needs. All foster children should experience normal childhood experiences appropriate for their age and development. Stakeholders agree Delaware is challenged to increase the capacity of foster homes, especially for special needs children, substance exposed children and teen youth. Stakeholders say foster parents need supports for themselves and the children in their care. Delaware has a targeted Foster and Adoptive Parent Marketing, Recruitment and Retention Plan (referenced in Section VII.)

Outcome: Every child that needs foster care placement will have the placement resource that best meets their needs.

Benchmarks:

1. The statewide foster care team will implement the Foster and Adoptive Parent Recruitment Plan, including marketing, support and retention activities, to increase foster home capacity. The Plan includes activities to increase capacity for sibling groups, children with behavioral health needs, children with medical or physically challenging needs, infants affected by substance exposure and children with complex needs.

Timeframe: 2020 and ongoing.

Measure: Documentation of Foster and Adoptive Parent Marketing, Recruitment and Retention Plan activities and reports of foster home capacity.

Progress Report:

This benchmark is in progress. The current Foster and Adoptive Parent Recruitment Plan outlines goals for FY2020-FY2024. The recruitment plan strategically targets three areas: increasing the number of foster homes, retaining good quality foster families and developing or recruiting families for youth with complex needs in our target areas. The plan outlines measures, objectives and interventions to address each of those goals. Delaware continuously evaluates the needs of foster youth and adjust the goals and strategies minimally on a quarterly basis. Until November of 2021, Delaware maintained a contract for a statewide Foster Parent Recruiter to increase public awareness of the need for foster families and attend community events to engage the community. When the contracted provider chose to take on a new opportunity and terminate her contract with Delaware, we posted the contract opportunity on multiple job boards. We received very little interest in the posting and of the people who submitted applications, there were no individuals that were qualified for the opportunity. There was 1 agency that was interested and had experience with foster care, and we began to pursue contract negotiations. Ultimately, we were unable to execute a contract. We were granted approval to increase the contract amount and put the service up for bid through the RFP process in effort to draw in a wider range of interested parties. We placed Foster Family Recruitment Services for bid on the marketplace in September 2022. Two agencies submitted proposals and the panel made a recommendation at the end of January 2023. The contract was executed and awarded as of April 2023. The agency that was awarded a contract for foster family recruitment services is Integrating Business and Community. We are working on launching a social media awareness campaign, multiple public service announcements, and planning new approaches to target our high needs areas for foster families. We would like to increase our foster families who are bilingual and who are Hispanic or Latino to better align with the needs of our foster youth population. Additionally, we would like to increase our efforts at finding families that have experience in working with challenging teens, medically complex youth, and children with disabilities. During the time we were without a recruiter, our foster home coordinators continued to attend community events and staff tables to hand out recruitment materials. We also developed new recruitment infographics and flyers to utilize. Delaware continues to use a community-based provider, Prevent Child Abuse Delaware, to conduct pre-service and in-service trainings for foster parents and report on attendance and completion. Data for pre-service training is reported in the Foster and Adoptive Parent Marketing, Recruitment and Retention Plan attached to this report. Foster parents are offered core and supplemental trainings at a variety of times and locations in effort to strengthen current foster families, address gaps in service or areas needing growth, and retain quality foster homes. During the report period, we continued to offer Orientation Sessions twice a month, once in New Castle County and once in Kent or Sussex County (rotating). Orientation Sessions continue to be held virtually, although we are considering moving to a hybrid model. In FY2023, registration for Orientation has returned nearly to pre-COVID-19 numbers averaging around 30 families per session or 60 families per month total. Additionally, we are working on retention efforts, including hosting the first Foster Parent Appreciation Event in 3 years. We have scheduled a BBQ style picnic event in two locations at state parks spread across the state for foster families. They will be a time for families to get together, meet each other participate in guided activities such as a scavenger hunt and nature hike and genuinely build back our community which has deteriorated during the pandemic. As part of our campaign for National Foster Care Month, we have purchased Annual State Park Passes for each DFS and private agency

foster family and will be distributing those to families in May along with a certificate of appreciation and an invitation to a Fall Foster Family Picnics. We are also hosting social media campaigns to recognize foster families throughout the month and are working with our new recruiter to plan community outreach. This benchmark's timeframe is ongoing.

2. The foster care program team will catalog and issue supportive resource guides to foster families, caseworkers and partners.

Timeframe: June 2023

Measure: Documentation of resource guide distribution.

Progress Report:

This benchmark is in progress. The foster care program team continues to maintain comprehensive listings of placement resources (contracted and non-contracted) with referral information and guidance for caseworkers and coordinators. Additionally, we maintain a list of services we can access through community partners such as YMCA, Foster Well, The Art of Giving, etc. for our DFS and contracted private agency foster families. We continue to reserve a section of our bi-annual Foster Parent Newsletter for "Resources" to highlight all the support services contracted and community-based that are available to foster families. Additionally, we are finishing up the Foster Parent Handbook which provides additional guidance to foster families. We expect to distribute this resource to families before Fall 2023. We recently made some revisions to the Division's Foster Care section of the website to add a section for Foster Care Supports. This benchmark continues to evolve and grow.

3. The foster care program team to develop a comprehensive formal and informal resource database using mobile technology as a distribution medium.

Timeframe: Development by June 2023; deployment by March 2024.

Measure: Documentation of resource database development activities and final distribution.

Progress Report:

This benchmark is in progress. Foster care program team continues to work with the department's communication team to develop a private website for foster families to catalogue our comprehensive formal and informal resources for foster families to access from their own electronic devices. Additionally, we have explored other possible ideas such as listservs, mobile app technology, and additional functionality in our current electronic case record system, FOCUS. This benchmark is revised to development by September 2023 and deployment by June 2024.

4. The foster care program team to survey foster parents to assess supportive service gaps and make recommendations for implementing additional services.

Timeframe: September 2022.

Measure: Documentation of survey activities, findings and recommendations for expanding support services.

Progress Report:

This benchmark has been met. We conducted a short survey for foster and adoptive families with questions focused on foster parent training, caseworker interactions, the process to become a foster parent, and foster parent support. The survey was sent to all foster and adoptive families and only 54 foster families responded. Of those that responded, the majority were DFS families. One of the key takeaways from the survey is that families need more training on managing children with behavioral or

mental health concerns. Another takeaway was that lack of childcare and having the time to do in-person trainings is a barrier to families attending trainings. Several families noted that they would like training that is online and self-paced rather than instructor led. There are several ideas for the two foster care programs to discuss in regard to this benchmark based on the outcome of this survey. Moving forward, we wish to conduct a survey at least bi-annually. This benchmark will continue as ongoing for continued surveys and analysis of results.

Goal: Strengthen informal and formal services for foster teens and young adults aging out of foster care.

Rationale: By strengthening informal and formal services for youth, youth will more likely become self-sufficient young adults. Focusing on healthy and informed choices regarding education, lifestyle, and family planning prepare youth to be responsible young adults. From January through April of 2019, 21% of youth 18-21 years old participating in the independent living program reported being incarcerated. Over three quarters of the youth engaged in the independent living program are making healthy choices to avoid criminal acts. Nineteen percent of youth participating in the independent living program at age 18 reported parenting their own child. During July 2018 through April 2019 of all youth and young adults receiving services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, 18% of youth reported being employed either part time or full time, and 53% of youth reported being enrolled in post-secondary/vocational programs. DFS wants to improve outcomes for foster teens and young adults by raising rates of high school graduation, employment, and post-secondary enrollment. Delaware wants to sustain the high percentage of independent living program participants who report positive connections to supportive adults.

Measure: Measures for this goal are from outcome surveys of independent living program participants, using National Youth in Transition Database elements. Goals are 60% of program participants will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

Performance:

As of 6/1/23, there are 332 active referrals for formal Independent Living services, 163 are still in care and 35 that have aged out of care are currently being served in transitional living programs. Of the 292 youth that were over the age of 18 and had an IL service outcome record entered from 4/1/22 to 5/1/23, 207 are reported as have either full or part time employment at some point (71%). Of the same time and population, 176 achieved either a high school diploma, Associates/Bachelor's degree (4) or vocational certificate/license (60%).

Objective: Foster youth and young adults have opportunities for personal growth, leadership experiences, and community service.

Rationale: The Youth Advisory Council (YAC) is the voice of foster youth in Delaware. DFS, Family Court and community partners use this group to learn the youth perspective of foster care. Experiences to serve as advocates and stakeholders build leadership skills and self-esteem. Engaging with the local community broadens a youth's sense of inclusion and belonging to a community.

Outcome: Youth will be better equipped to make healthy decisions and advocate for themselves, easing the transition to self-sufficiency.

Benchmarks:

1. The Independent Living Program Manager to coordinate with partners to provide personal growth, leadership development and community service for youth participating in HOPE.

Timeframe: 2020 and ongoing.

Measure: Documentation of HOPE events and activities that promote personal growth, leadership development and community service.

Progress Report:

This benchmark continues and is ongoing. During the last year, the independent living contracts went out for bid and part of the continued expectation was for all the providers to support the youth development with supporting HOPE, which is the Delaware youth advisory council. The expectation that the providers share responsibility for organizing 2 of the 12 HOPE meetings was incorporated into each provider contract that includes locating the venue, providing dinner, work with youth on agendas and presentations for each meeting. The annual HOPE conference took place on August 3, 2022, at Maple Dale Country Club in Dover. 150 attendees registered including youth, Department staff, community partners and legislators. The conference was co-hosted by two foster youth alumni (ML and DH-M). Welcoming words were shared by DFS Director Trenee Parker, and the keynote speaker was the Twin Poets. Youth networked with vendors representing colleges, employment programs, LGBTQ+ advocates, money management services and educational support services. The conference also had a DJ, youth talent show, a BBQ lunch, presentation on healthy relationships, workshop from the Food Bank of Delaware and resources on how to get involved in HOPE activities. Director Parker is an active participant with the HOPE activities and a great support to the program. Two HOPE participants (ML & MB) attended the annual IL Daniels conference and brought back ideas for HOPE to DFS leadership. One of these participants became the HOPE president after years of not having HOPE offices. The council also elected a HOPE vice president. In January 2023, DFS was able to contract with a single provider to supply transportation for HOPE. This was an area of need because current transportation providers were not able to provide reliable and consistent transportation creating issues with participation. This has greatly increased attendance. This benchmark is ongoing for support and growth.

Objective: Increase the percentage of foster youth graduating high school, obtaining a GED and enrolling in post-secondary educational and vocational programs.

Rationale: Level of education is an important contributor to quality of life. The NYTD Cohort 1 statistics for Delaware are 26% for 19-year-olds in FFY2013 and 47% for 21-year-olds in 2015. NYTD Cohort 2 statistics are 53% for 19-year-olds in FFY2016 and 68% for 21-year-olds in FFY2018. During July 2018 through April 2019 of all youth and young adults receiving independent living services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, and 53% of youth reported being enrolled in post-secondary/vocational programs. Stakeholders want higher high school graduation rates for foster youth. Celebrating youths' achievements, and recognizing their positive growth encourages a youth to continue making positive choices.

Outcome: Education measures for foster youth and young adults receiving independent living services will report higher percentages of high school graduation or GED certificates, and higher enrollment in post-secondary educational or vocational programs.

Benchmarks:

1. Independent Living Program Manager and contracted providers to partner with Kind to Kids Foundation for UGrad programming for eligible foster youth in 9th through 12th grades.

Timeframe: 2020 and ongoing.

Measure: Documentation of UGrad participation and outcomes.

Progress Report:

This benchmark has been achieved as far as partnering with Kind to Kids Foundation. The program has been established and continues to expand as the program matures. DFS continues to work with Kind to Kids to promote the program with staff, schools and caregivers. The UGrad Education Academy program for Delaware's children in foster care has grown tremendously since April 2019. We have grown our staff as well as children served. In fall of 2022, the program expanded include children as young as kindergarten to participate in the program. The program now serves children in kindergarten through college/trade school. The sooner we can intervene in a child's education and give them the fundamentals they need for their educational success, the more productive they will be academically. Since April 2022, we have served approximately 150 foster care children and youth in the state of Delaware total. We served children in all three Delaware counties (New Castle, Kent, and Sussex) with 62% of the children and youth in New Castle County, 24% of the children/youth in Kent County, and 14% of the children and youth being in Sussex County. In June 2022, we successfully graduated 13 high school seniors, resulting in a 100% graduation rate for the high school seniors that we served. This year, we currently have 5 high school seniors who are all expected to graduate, continuing our 100% graduation rate. We currently have 5 college students who are doing well and advancing to the next grade of college with the help of their UGrad Academy Education Advocate. This benchmark's timeframe is ongoing for reporting on outcomes and youth served.

2. Independent Living Program Manager to continue contracts with community-based providers to assist youth with tutoring and support to achieve high school graduation/GED and assist distribution and monitoring of ETV grant awards to eligible young adults.

Timeframe: 2020 and ongoing.

Measure: Documentation of ETV grant awards and contractor monitoring activities.

Progress Report:

This benchmark is ongoing. The Division continues to partner with the Delaware Futures Program which is a youth provider for the Department of Labor (DOL) supported by the Workforce Innovation and Opportunity Act (WIOA). Delaware Futures mission is to 'provide academic, social motivational support and cultural enrichment that empowers high school students to recognize and fulfill their unrealized potential and become matriculated college students'. The Delaware Futures Program resource is shared with the contracted Independent Living providers to supplement their work with youth around college readiness. The Independent Living program continues to partner with the Independent Living for Young Adults (ILYA) organization at the First Unitarian Church in Wilmington. ILYA provides free in-person and virtual tutoring to youth engaged in the Independent Living program. The Division partners with the Office of the Child Advocate (OCA) to award and distribute the Education and Training Vouchers (ETV) to youth. OCA participated as a vendor at the HOPE conference in August 2022 and shared information about the ETV program with youth. The Independent Living Program Manager participates on the interview panel each year for the scholarships in the spring. Updating this benchmark to remove the ETV stats as this is covered in another benchmark. Support for tutoring and academic supports will continue and timeframe is ongoing.

3. Independent living team to coordinate Destined for Greatness events with youth, advocates, family members and contractors.

Timeframe: 2020 and ongoing.

Measure: Documentation of Destined for Greatness activities and awards.

Progress Report:

This benchmark is ongoing. The annual Destined for Greatness (DFG) event celebrates the graduates as well as other achievements. The planning workgroup includes the independent living program staff

and contracted providers with feedback and recommendations from the HOPE participants. On June 23, 2022, family, friends, foster parents, child welfare professionals and Independent Living providers gathered at the Correctional Officers Association Banquet Hall to recognize and celebrate the accomplishments of 37 young achievers and 39 graduates; many of which were honored as an achiever and a graduate. Each graduate received a special gift, and through a partnership with the organization One Simple Wish, each achiever was granted wishes via electronic gift cards. Food was catered by a local barbeque restaurant, there was a 360-degree photo booth for youth to experience, and the event was DJ'ed by the local DJ Tim Dogg! This was an awesome event, full of energy and great pride for the achievements of youth who have experienced Delaware foster care; they all seem to really enjoy 'their moment' and the opportunity to cross a stage and get acknowledged with a room full of uplifting cheers. This year's event was emceed by guest speaker, author, and foster care advocate, Karlos Dillard. The 2023 DFG is scheduled for June 29, 2023. This benchmark's timeframe will continue as ongoing.

Objective: Sustain and promote financial stipend programming for young adults transitioning out of foster care at age 18.

Rationale: A youth informed program, Achieving Self Sufficiency and Independence through Supported Transition (ASSIST) is financial aid for young adults working to achieve life skills, education, employment and other goals in their independent living plan. The application and reporting components of the stipend program teaches budgeting and accountability.

Outcome: Youth learn personal budgeting and develop routines to manage resources while living independently. Financially stable youth have safe housing, nutrition and enjoy age-appropriate social activities.

Benchmarks:

1. Independent Living Program Manager to oversee administration of ASSIST programming for young adults active with independent living services.

Timeframe: Ongoing through 2024

Measure: Documentation of number of young adults receiving ASSIST stipends and application of program requirements with fidelity.

Progress Report:

This benchmark is ongoing. The Independent Living program financially supports youth who age out of foster care by administrating ASSIST stipends via the contracted agencies. Permanent changes to the program requirements were made to ensure that policy was addressing this new normal. In 2022, the Independent Living Program Manager and contracted provider Directors looked at the ASSIST program as a whole to address how the program has been meeting the needs of youth. The program is now 10 years old, and there have been many lessons learned. Program changes and new DFS policy were proposed. The main worry about the stipend program is that youth are not using it as a stepping stone, but rather staying dependent on the state for support. The goal is to adjust the program so that the stipend is slowly decreased over time while also still meeting essential housing needs that the youth may have while working towards independence. HB 271 that expanded Delaware's commitment to provide services to youth till age 23 was signed into law in May 2022. This was as a result of the Division X funding that allowed Delaware to serve the older youth and demonstrated the need. This also allows ASSIST to expand requiring greater evaluation to best use the limited resources. This benchmark's timeframe will continue as ongoing for administration and evaluation.

2. Independent Living Program Manager to coordinate review of exit surveys from youth leaving the independent living program to gain insight on the effectiveness of the ASSIST program. Manager to share lessons learned with stakeholders and take actions to improve outcomes.

Timeframe: 2020 and ongoing.

Measure: Documentation of exit surveys and evaluation of ASSIST programming. Documentation of actions taken to adjust program components.

Progress Report:

This benchmark is in progress and ongoing. Since the expansion of independent living services to age 23, the ASSIST program has been under review. A new policy has been drafted to detail procedures for the state funded ASSIST program. In April 2022, youth 21-23 could access ASSIST funds using the Emergency Funding Request form for financial help. The procedure for providing financial support this expanded population was sent to agency and contracted staff as well as youth. Feedback from stakeholders suggests that the ASSIST procedures need to have a transition or “step-down” process in place to help youth reduce their reliance on state financial assistance and increase their self-sufficiency. The Independent Living Program Manager shared data and program highlights to stakeholders at the September 19, 2022 Stakeholder meeting. Exit surveys as well as surveys from youth currently receiving IL services are gained during provider monitors. The current exit surveys do not seem to be good evaluation tool of the ASSIST program. This benchmark will be updated to find new ways to evaluate the effectiveness of the ASSIST program. The updated timeframe will be June 2024.

Objective: Promote and support enrollment in post-secondary educational and vocational programming for eligible young adults.

Rationale: Youth may be more likely to attend post-secondary education if they have financial support. Education is a key factor to improving quality of life.

Outcome: Aged out foster youth have post-secondary education and vocational training leading to higher income and quality of life.

Benchmarks:

1. Review the DSCYF OCA ETV MOA annually. Update policy and procedures as needed based on stakeholder input.

Timeframe: 2021 and ongoing.

Measure: Documentation of MOA review and number of awards.

Progress Report:

This benchmark is annual and ongoing. The agency and Office of the Child Advocate (OCA) maintain an updated MOA with no revisions in the last year that outlines the administration of state and federal scholarship monies by the Child Protection Accountability Commission (CPAC) via OCA. The two educational scholarship opportunities up to \$5,000 a year to cover the associated costs of post-secondary education or training programs for young adults who have experienced foster care include the Chafee Education and Training Vouchers (ETV) Program and the state administered Ivyane D.F. Davis Memorial Scholarship Fund. As a result, in SFY2020, OCA entered into a memorandum of understanding with DSCYF to administer the ETV Program funds. Similarly, the Ivyane D.F. Davis Memorial Scholarship Fund (Scholarship Fund) is a state-funded program established in 1989 to provide scholarships for post-secondary education to Delaware youth who experienced foster care. CPAC was vested with state statutory authority to administer the Scholarship Fund in SFY2019, and funding was appropriated in SFY2020. Since April 2022, CPAC awarded a total of \$168,375.89 in funding to 50 youth. \$67,870.09 was awarded from the Scholarship Fund, \$69,185.00 from ETV and another \$31,320.80 from other funding sources. The awards ranged from \$500 to \$12,000, but the average award was \$3,337.52. Young adults attended the following post-secondary education or training programs during the period: Dawn Training Center, Delaware Food Bank, Delaware State

University, Delaware Technical Community College, Goldey-Beacom College, Macalester College, Maggie Career Institute, New York Institute of Technology, Radford University, University of Delaware, Widener University and Wilmington University. The Delaware Fostering Independence Through Education Tuition Waiver Program was also implemented in the spring semester of 2022, so the awards were adjusted to consider the tuition waiver for a number of young adults attending Delaware State University, Delaware Technical Community College and the University of Delaware. The CPAC Youth in Transition Committee also provided oversight for the scholarship program during the period. This benchmark's timeframe will continue as ongoing.

IV. Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. This system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures and monitored by a CQI Steering Committee.

In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool for treatment (foster care and in-home) and differential response cases. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. DFS has a dedicated case review team consisting of 4 full time case reviewers, 2 part time reviewers and a full time Continuous Quality Improvement (CQI) manager/second level quality assurance reviewer. The CQI Manager consults with the federal team for guidance on case reviews as needed. The Delaware case review team continues to conduct 90 randomized treatment (in-home and foster care) and differential response case reviews for identified periods under review every 6 months, (15 reviews per month). As part of the case review process, the review team also conducts supplemental surveys that consist of an open-ended conversational discussion with review participants (parents, caregivers, youth, and foster parents) to obtain lived experience feedback regarding broader systemic practices such as trauma informed care, cultural awareness, case planning, collaboration across division, and service array. The team also conducts 15 investigation, and 4 internal differential response FAIR case reviews every month. Delaware has updated and built the internal investigation and FAIR case review tools into our FOCUS data system. In addition to policy adherence questions, Delaware has added questions related to the use of Safety Organized Practice and SDM® tools, Family Engagement Strategies, Substance Exposed Infants and Plans of Safe Care, MDT response. During reviews, case reviewers are also reviewing data quality and alerting CQI manager when information is inaccurate or missing in the FOCUS system. In the future, this team may be conducting SDM® Fidelity case reviews as well. Planning is currently underway to have the case review team trained and prepared for this endeavor.

The Case review team meets monthly to analyze case review results, determine trends or patterns, and discuss case review fidelity. Results of the case reviews and supplemental surveys are shared at the bi-annual stakeholder meetings, Strategic Leadership Team (SLT) meetings (monthly), all management meetings, program management meetings, CQI Steering Committee, CQI committees, and other forums. Results are also shared and discussed at monthly case review team meetings and during one-on-one supervision with front-line staff to ensure information trickles-down and is understood throughout the agency at all levels. Additionally, the Continuous Quality Improvement Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, "Delaware Rocks", sharing positive performance results with all staff. The Continuous Quality Improvement Manager also sends out "Kudos on Case Review" emails when case reviews receive an all-strength rating. These emails are sent to Workers, Supervisors, Assistant Regional Administrators, Regional Administrator, DFS Operations Administrator, DFS Director, DFS Deputy Director, and Cabinet Secretary. Feedback regarding these kudos has been extremely positive and workers are very much appreciative of the recognition for their performance. The agency not only shares performance results, information on areas which need improvement, and updates on actions taken to make improvements, but also seeks feedback and input. Survey completed during the Statewide Assessment with stakeholders confirms that the majority of

youth, foster parents, stakeholders, DFS and DSCYF staff agreed that DFS has a statewide continuous quality improvement system that identifies strengths and needs, shares results, and seeks their feedback for process improvement and system planning.

DSCYF has moved the DFS data team members under the centralized DMSS FOCUS team. The CQI Manager continues to closely collaborate with the data team. The data team builds the needed statewide reports and queries to pull needed information from our FOCUS system and maintains a report inventory. The data team also runs our federal reports such as AFCARS, NCANDS, NYTD, and the monthly caseworker visit report. Prior to submission, federal validation tools are used to monitor data quality of requested information. Recently, Delaware completed a thorough review of the AFCARS file going back to 2018 when the FOCUS system went live and was able to successfully complete a resubmission to improve data quality on our data profile in preparation for the CFSR Round 4. Delaware also successfully built and submitted AFCARS 2.0 with no compliance errors.

In addition to monitoring quality of federal report data, the Continuous Quality Improvement Manager and data team regularly analyze in-house reports to evaluate data quality to ensure FOCUS is functioning correctly and data entry by staff is accurate. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. The CQI Data Quality Committee monitors the Department Data Quality Plan and makes determinations related to focus areas of data quality improvement needs. The Continuous Quality Improvement Manager and Operations Manager have worked closely to develop reports that target specific FOCUS events to monitor timeliness of completion and frontline performance. Specific trainings have also been developed to address areas where data quality related to data entry has shown to be a problem such as placement events – particularly worker approved relative/kin placements, custody events, and demographic information on persons. The Department has hired two full time FOCUS trainers to provide this training. Report team has also begun providing training to management and administration on how to use specific reports to assist them in their supervision needs around monitoring data quality and worker's entry of required information. The first training was the use of the Kids in Custody report.

DFS FOCUS liaisons work collaboratively with the Continuous Quality Improvement Manager to correct data entry errors. Defect tickets are written to address data system issues and make improvements. The Continuous Quality Improvement Manager shares analysis with Administrators to disperse information to frontline staff and supervision. The operations team then takes corrective action as needed. Periodically, the data team analyzes system generated reports by directly reviewing case data to validate fidelity of system reports. Certain reports, such as the kids in custody with active placement are sent out weekly to not only allow management to assess job performance and data entry completion, but also so frontline can validate the report and ensure information is accurate. The Continuous Quality Improvement Manager and data team also conduct ongoing data quality checks with Court Improvement Program (CIP), Office of Child Advocate, and the Courts. Information related to custody dates, demographics of the children in agency custody, permanency plan, and initial placement reasons are shared and reviewed to ensure consistent and accurate information is being maintained. Through the various CQI committees and other forums, additional court information has been requested such as information on sua sponte custodies, short stays, TPR, and adoption/guardianship disruptions, and this data is now being tracked regularly. CQI Manager was also given access to the court's data system, APRICOT, and is able to review court data as needed. Data is also reviewed during quarterly CIP data quality team meetings and CPAC data quality team meetings. During these meetings, data is analyzed for trends, patterns, and data quality. These teams also determine the best approach to presenting pertinent information to the CIP Steering Committee and CPAC committee. Focus groups conducted confirmed the agency has a plentiful number of useful reports which are distributed and accessed regularly, and both staff and stakeholders indicated they are aware of the process to obtain additional data as needed.

Delaware's Continuous Quality Improvement system is guided by a CQI Steering Committee that meets at least every two months. The Steering Committee reviews results of case reviews, supplemental survey

findings, federal reports, and various other quantitative and qualitative data to determine agency strengths or targeted areas of needs and monitor progress on improvement efforts. Report-outs on all CQI subcommittees and initiatives undertaken are discussed, as well as noted barriers and recommendations around next steps. Next steps could include continued implementation (adopt), expansion (adapt), or discontinuation (abandon) of an initiative. During these meetings, case review results are periodically reviewed for fidelity and accuracy. Currently, Delaware has four CQI subcommittees, the CQI Post Adoption Disruption Committee, the CQI Intact Family Committee, CQI Teen Committee, and the CQI Data Quality Committee. The CQI Post Adoption Disruption Committee now meets quarterly. The other three meet monthly. The committees review data related to the identified problem, propose solutions, and discuss action steps, and then continuously monitor the steps taken to evaluate outcomes. These follow a Plan, Do, Study, Act (PDSA) model. Focus groups conducted highlighted DFS' consistent efforts to ensure all child welfare agencies and those with lived experience are included in these meetings and are active participants in the decisions-making process. The DFS Strategic Leadership Team meeting has also begun using more CQI activities (Plan, Do, Study, Act), reviewing data to determine areas needing improvement. Per SLT recommendations, subcommittees have been formed to address areas such as Level of Care improvements, guardianship reform, and APPLA consistency with courts. These subcommittees seek feedback and report out their findings, recommended initiatives, and progress at each SLT meeting.

In response to DFS' accomplishment in establishing a Quality Assurance System which has demonstrated how successful dynamic continuous quality improvement efforts are to improving practice, the Department has adopted their methodology and replicated this across the Department in various ways. Goal 3 of the Department 5-year Strategic Plan is to expand and institutionalize data-driven decision-making practices to demonstrate the agency's dedication to continuous quality improvement. In response, the department created a Continuous Quality Improvement Collaborative, Data Governance Board and leveraged the existing Department Quality Assurance Team to develop a System of Care Case Review Tool which closely aligns to the federal review tool and process used by DFS. Modeling the current DFS case review process, Administrative Case Reviewers from the Office of Case Management conduct case readings and qualitative interviews of key participants and stakeholders to complete a case review tool. The first targeted review pilot was completed on youth who were involved with more than one of the DSCYF divisions (YRS, PBH, DFS). CQI manager is an active member of the CQI Collaborative and Data Governance Board. Additional objectives aligned with Goal 3 of the Strategic Plan are to develop a cadre of staff who are trained/certified in continuous quality improvement practice and dedicate resources to support ongoing improvement, cross training, and succession management activities; expand current continuous quality improvement efforts to include data-driven examination of processes, critical incidents, and service delivery using proven continuous quality improvement strategies. The DSCYF Continuous Quality Improvement Collaborative is currently finalizing a project charter related to engaging individuals with lived experience to ensure decision-making and project planning within the department are informed by diverse perspectives from individuals with lived experience. As part of this project, the Collaborative is researching how other jurisdictions have been successful at incorporating lived experience into planning and decision-making, developing a process for payment and reconciliation, determining parameters for participants, developing a recruitment strategy, developing a process to promote client confidentiality and submitting a pilot proposal. Members are currently developing policy to compensate those with lived experience. DFS CQI Manager will be piloting this project.

Additionally, the department has begun hosting town halls regularly to share updates and have open discussions with department staff to address employee concerns and inform them of process improvement efforts. On 11/9/22, the department hosted a town hall featuring the Governor who not only spoke about the steps being taken statewide to improve key areas of concern (vacancy rates, employee retention, lack of placement resources), but also requested staff share recommendations and feedback with him on areas in need of improvement.

V. Update on Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

DSCYF has sustained the formal child welfare continuum of services from intake and investigation, treatment and ongoing case management through adoption and independent living services. Family support services are coordinated with multiple community partners using community-based interventions. DFS sustains a cluster of initiatives under the ‘Outcomes Matter’ banner including Safety Organized Practice, Structured Decision Making®, Team Decision Making, family teaming, and Ice Breaker meetings, all using family focused approaches to strengthen family voices in assessment, planning and service delivery. Infrastructure enhancements were added, such as new front line and supervisory staff positions, and supervisor training. Embedding continuous quality improvement principles to daily work and larger areas needing improvement matured during this reporting period. (See Section II, Service Array for description of child welfare services. As for progress reports on child welfare services, see Section IV, Update on Progress Made to Improve Outcomes; also see CFS-101 for populations and locations; and Section XII, Grant Applications, Stephanie Tubbs Jones Child Welfare Services)

Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

Post Adoption and Post Permanent Guardianship support services are available to all children and families in the State of Delaware who have achieved permanency through adoption and permanent guardianship.

Currently there are contracts in place with A Better Chance for Our Children (ABCFOC), Children and Families First (CFF) and Children’s Choice to provide post- adoption services for children who reside in Delaware and have been adopted or have exited foster care through guardianship.

The three agencies have 24-hour hotlines for families in crisis. The activities include information and referral, crisis assistance, parent coaching, supporting birth family connections, sibling support, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children and youth, Love and Logic parenting, parent retreats, Rec N Respite, Respite and parent/ child bonding workshops.

Some of these support groups and activities are in conjunction with referrals from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services have continued to remain steady.

Additionally, the Interagency Committee on Adoption is collaborating with Springfield College to continue an adoption certification program for master's level therapists with degrees in counseling, social work or related fields. This program is funded by the state utilizing applicable child savings and fills a gap in services for adopted children. The Interagency Committee on Adoption will maintain a public list of therapists who have completed this program to work with all adopted children, youth and families in the state of Delaware.

Services for Children Under the Age of Five (section 422(b)(18) of the Act)

Delaware works closely with the Department of Public Health to utilize home visiting program. Delaware’s home visiting programs include Nurse Family Partnership, Healthy Families America/Smart Start, Parents As Teachers, and Delaware Head Start/Early Head Start. The home visiting programs and DFS collaborate to work together with families.

The Multisystem Healthy Action Committee meets quarterly in Kent and Sussex Counties and in 2021 the NCC Committee reconvened with new co-chairs. This committee focuses on services for children under the age of five, especially, those children who were substance exposed. Several early childhood community

agencies, including DFS case workers/managers, hospital social workers, home visiting managers, and many other community agencies meet to discuss services, referrals, data, trends, etc. Information on how to refer to home visiting programs have been shared with DFS staff. The Treatment Program Manager regularly reminds staff about the availability of this service.

Highmark Health Options and Amerihealth are Delaware’s two Medicaid MCO contractors. Each organization receives a monthly report of children who enter and exit foster care. The Care Coordinators reach out to DFS case workers to help coordinate services. This process has created a good partnership to ensure children in foster care are receiving recommended medical services and screenings.

The Division of Family Services receives stats from Child Development Watch Birth to Three Early Intervention each month. The Division also receives a list of children who entered DFS custody during the same period. Those lists are then cross-referenced. If a child under the age of three entered DFS custody, and CDW did not receive a referral for said child, DFS sends an email to the assigned DFS worker and Supervisor. The email encourages the worker to submit a CDW referral if a referral is appropriate.

NCC DFS/CDW statistics January 1, 2022 through December 31, 2022

NCC Total DFS Children Referred to CDW	53
DFS <i>Foster</i> Children Referred to CDW	35
DFS Children with Active IFSPs	0
DFS <i>Foster</i> Children with Active IFSPs	10

Kent County DFS/CDW statistics January 1, 2022 through December 31, 2022

Kent Total DFS Children Referred to CDW	40
DFS <i>Foster</i> Children Referred to CDW	18
DFS Children with Active IFSPs	5
DFS <i>Foster</i> Children with Active IFSPs	1

Sussex County DFS/CDW statistics January 1, 2022 through December 31, 2022

Sussex Total DFS Children Referred to CDW April 1, 2021 - March 31, 2022	30
DFS <i>Foster</i> Children Referred to CDW	13
DFS Children with Active IFSPs	2
DFS <i>Foster</i> Children with Active IFSPs	2

Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19) of the Act)

Delaware’s Child Protection Accountability Commission (CPAC) is the state entity responsible for compiling child maltreatment fatality data from multiple agency sources. CPAC, which also serves as the Citizen Review Panel through CAPTA requirements, was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the then- Child Death Review Commission to CPAC on September 10, 2015. When this authority was transferred, the Child Abuse and Neglect (CAN) Panel was initiated. The CAN Panel, which receives oversight from the CAN Steering Committee, conducts retrospective reviews on all death and near-death cases of abused and neglected children, assessing for strengths and weaknesses across seven system areas.

CAN Panel is comprised of the DFS Intake and Investigation Program Manager, as well as members from the OCA, the IC’s office, law enforcement, the DV community, hospitals, schools, Child Development

Watch (Delaware's part C program), Family Court, the DOJ, and the medical examiner's office, who meet monthly to make recommendations to the CAN Steering Committee. The Steering Committee reports to the Governor of Delaware with findings and recommendations. A copy of this report can be accessed at: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

In FY2022, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between July 2021 and June 2022. During this period, the Panel reviewed 90 child maltreatment deaths and near-death cases, which resulted in 131 strengths and 252 findings. The findings and recommendations resulting from the reviews of child deaths and near deaths due to abuse or neglect are available at the following link: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

These strengths and findings are distributed in draft form to intake and investigation staff, as well as upper divisional and departmental management, for purposes of enhancing quality of work, encouraging adherence to policy, and strengthening policies to be more collaborative and preventative.

Child maltreatment fatalities reported to NCANDS are derived from substantiated investigations resulting in findings of death neglect or death abuse. The state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies, or medical examiners' offices when reporting child maltreatment fatality data to NCANDS because these agencies do not interface with Delaware's information system nor determine deaths as a result of abuse or neglect in the same manner as the Division.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

The Promoting Safe and Stable Families (PSSF) program is funded through Title IV-B Subpart II Family Support and Family Preservation funds through the Division of Prevention Behavioral Health Services. Funding is utilized to support community-based providers assist families to build on their strengths by emphasizing collaborative approaches with community providers. PSSF seeks to identify risk factors while increasing protective factors in efforts to prevent child abuse and neglect and its contributing factors.

The services are intended to protect children from maltreatment and promote permanency for children within their own families. The Delaware DPBHS Promoting Safe and Stable families program builds on family strengths, increases family stability, provides opportunities to improve the parent's capacity to meet their children's needs, and focuses on prevention and early intervention services that alleviate a family's stressors and the likelihood to experience child maltreatment. The Promoting Safe and Stable Families Consultation and Support Program (PSSFC) uses universal, targeted, and indicated prevention strategies to reduce occurrences of child maltreatment by addressing four associated risk factors:

- (1) parental characteristics,
- (2) developmental and behavioral characteristics of children,
- (3) absence of resources and services and
- (4) crisis and stress.

The intervention of the PSSF Program focuses on increasing the protective factors of children and families, thus stabilizing, and preventing the need for out-of-home placements. The goals of the PSSF Consultation and Support program are:

1. To reduce life stressors that may negatively impact family functioning and child well-being, while increasing family resilience and build protective factors
2. To build family skills and strengthen family functioning by promoting mental, emotional, physical, and nutritional health and wellness
3. To reduce the risk of child maltreatment by increasing family resilience and build protective factors

During the fiscal year review period, services transitioned during the 3rd and 4th quarter from operating in a modified hybrid capacity to in person community-based services in response to the decrease in COVID-

19 cases in the state of Delaware and other executive orders. The PSSF service target populations are parents and caregivers of children birth to 17, and youth exiting departmental care. The family support and preservation service delivery sought to reduce risk factors that attribute to child maltreatment and assured safety and healthy environments for children, youth, and families. The consultation services addressed the needs as self-identified by each participant family to reduce stress and other contributing factors of child maltreatment.

The 10 top needs:

1. Financial Wellness 28%
2. Employment 20%
3. Housing 11%
4. Education 9%
5. Emergency Assistance 7%
6. Emotional Wellness and Counseling 5%
7. Transportation 4%
8. Physical/Dental Health and Wellness 4%
9. Parent/Child Relationship 4%
10. Child Care 2%

The remaining 6% was clothing, household items, food and nutrition. Data was derived and assessed through electronic reports input by contracted service providers. The top needs of the service population reflect both the continued impact of the COVID-19 pandemic on families as well as a shift to prioritize financial wellness, employment, and housing. The needs of the families prompted program efforts to increase partnerships with community partners who specialize in financial wellness and budgeting literacy, employment, and housing assistance in preparation of FY 24.

During the period of this review, participants completed a satisfaction survey on services received. 100% of sampled surveys reported they were highly satisfied with their PSSF services and 90% of participants strongly agreed that their risk factors were reduced due to the consultation process.

Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

Delaware was able to utilize Division X funding to provide case management supports to youth up to the age of 23. This support was so well accepted and considered a significant need that in December 2021, Governor Carney certified that Delaware's Independent Living program will be expanded and supported to serve youth up to the age of 23.

The Delaware expansion will help with collecting NYTD surveys from 21-year-old young adults. The expansion also aligns with providing supports to youth adults who are using the FUP or FYI housing vouchers and support youth with completing the post-secondary education. House Bill 271 was signed into law on May 3, 2022 to amend Titles 13 and 29 of the Delaware Code relating to expanding the age eligibility for IL services. Division policies have been updated and fiscal considerations made to maintain, to the extent possible, the services made available from Division X funding.

Delaware was able to successfully use all Division X funding in November 2021. With many activities during the pandemic, implementing the Division X support was challenging because of the face-to-face restrictions which required creativity and strong partnerships with the independent living service community. There were lessons learned with the amounts of funding provided to young people with limited decision-making skills that lead to improved program structuring and an overall outcome that supporting this older population of young adults is a need in Delaware.

Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))

The Promoting Safe and Stable Families (PSSF) services are offered in the communities with the greatest risk of child maltreatment. The community-based family preservation and support services work

cohesively with community organizations to address risk factors in the areas of evictions and stable housing, re-entry programming, educational services, food deficiency and other noted needs identified by the program participants. The service decision-making process of the PSSF Consultation and Support program occurs through the family consultation process. The families develop skills to be able to self-assess and problem solve presenting barriers that impact their ability to function. The provider staff and program participants work together to establish a plan that increases the family's protective factors in order to increase their ability to identify and utilize informal and formal supports. With guidance from the family consultant, the family is the lead in developing a support network, planning to decrease stressors, and implementing appropriate informal and formal supports that promote stability and positive parent-child relationships.

During this period of review, PSSF maintained two contracted community-based organizations, First State Community Action Agency and Jewish Family Solutions. These organizations provided the consultation case management model across four service sites to communities who were identified to have the greatest risk of child maltreatment. There are two sites in New Castle County, one site in Kent County and one site in Sussex County. In FY 24, new and/or additional community providers will be selected through a Request for Proposal (RFP) process that will provide an opportunity to expand the PSSF program to additional community service providers.

During the review period, the program served 1,121 individuals, which represents an increase of 12.5%, while 350 families were served, which represents a 12% increase. Families received family support and family preservation prevention services, including consultations and information and referral services. The services provided are concentrated in zip code areas throughout the state where the highest number of abuse and neglect referrals are received. The PSSF community-based providers continue to develop techniques to increase recruitment and retention efforts to engage families in need of support services. These efforts include marketing the PSSF program through other Community based programs whose families could benefit from the program.

Title IV-B subpart 2 funding ratios are distributed with 32% going towards family support and 20% supporting family preservation. Combined these programs provide a continuum of services that are intended to reduce the occurrence of child maltreatment by addressing the four associated risk factors. The program service practices a hybrid service delivery model to increase and enhance family support competency by utilizing a strength-based service delivery that is the trauma-informed through the use of system of care principles.

Family Support and Family Reunification funds in Delaware are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The services build on family strengths, increase family stability, provide opportunities to improve the parent's capacity to meet their children's needs with a focus on prevention and early intervention services that alleviates family crisis and stressors in an effort to reduce the likely child maltreatment and enhance child well-being. The Division of Family Services has Family Support Services contracts with various community providers to serve intact families and those families who are separated and working towards reunification. Children's Choice, New Behavioral Network, and WrapAround Delaware provide Family Interventionist services. New Behavioral Network and WrapAround Delaware provide Home Based Family Support Services. New Behavioral Network provides a Board-Certified Behavioral Analyst. The purpose of these services is to provide intervention which will enable families to remain intact or to help resolve issues which resulted in children being removed from the home. The target population for the Family Interventionist and Home-Based Family Support Services are families who are considered high risk for child abuse and/or neglect and they are involved with the Division of Family Services. The services are offered statewide. Families are referred to one of these agencies and services by the DFS caseworker. The agency conducts a strengths and needs assessment to develop a treatment plan with the family. For FFY 20, 407 families were served through

Family Interventionist Services and 61 families were served through Home Based Family Support Services. It is estimated that for the next FFY a similar number of families will be served through these programs.

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

During the service period of the report, PSSF continued to provide community-based services in communities throughout the state in area with high incidents of child abuse and neglect reports, higher rates of SNAP and TANF cases and in at-risk communities exposed to a high volume of traumatic incidents of violent crimes as noted by the City of Wilmington, CDC report of violent crimes. These are the same communities that experienced high rates of residual impact on the families due to the COVID-19 pandemic. The families in these communities reported an increased need and concern around financial wellness, housing instability, and employment opportunities. These service efforts addressed the needs of 350 families and a total of 1,121 individuals which is a 12% increase in families from the previous service year.

For DFS' formal child welfare services, the populations at greatest risk of maltreatment are at-risk families and children in geographic areas with high incidents of child abuse and neglect reports, referrals from childcare providers, referrals from school personnel, early intervention students, substance-exposed infants, children with traumatic childhood experiences, and children with developmental delays.

Infants exposed to substances before birth are a special population determined to be at risk. Delaware has done extensive work on Plans of Safe Care for these infants and their families to align with Delaware's Aiden's Law and the federal Comprehensive Addiction and Recovery Act. DFS developed both internal and external pathways to address infants born with prenatal substance exposure.

Delaware is aware that foster children are at higher risk of becoming victims of sex trafficking, and we continue to work with law enforcement, the FBI, and community providers to address identification and services for victims of sex trafficking. To that end, Delaware, as voted upon and approved by CPAC in May 2021, has adopted the CSE-IT screening tool to assist in the identification of trafficking victims. The Juvenile Anti-Trafficking Action Committee (JATAC) (formerly known as the Juvenile Human Trafficking Interagency Coordinating Council, or JHTICC) brings together law enforcement, courts, advocates, DFS, the FBI, and community partners to look at data, public awareness, training, and victims' services. Delaware is looking at best practices for working with victims or suspected victims of human trafficking.

Kinship Navigator Funding (title IV-B, subpart 2)

Delaware's Kinship Navigator services are provided via a contract with Children's Choice of Delaware, a community based private child welfare agency. The program started in October 2020 with a needs and readiness assessment and researching national kinship navigator models. This resulted in recommending the KIN-TECH™ Model for Delaware's Kinship Navigator Program.

KIN-TECH™ was rated as evidence-based in September 2022 by the California Evidence-Based Clearinghouse for Child Welfare. A rating of 2 (Supported by Research Evidence) was obtained in 3 topic areas: Kinship Caregiver Support Programs, Placement Stabilization Programs, and Prevention of Child Abuse and Neglect (Primary) Programs. Each of those 3 areas was rated as having High Child Welfare Relevance. The evidence-based model was developed by Larry Cooper, MSW, LCSW, of Children's Home Network in Tampa, FL. Delaware has used this model since its roll out on August 4, 2021. A Fidelity Monitoring of the Children's Choice kinship navigator program began in the fall of 2022 completed by Larry Cooper of Children's Home Network and certified Children's Choice, Delaware as of May 1, 2023 as having a program that is meeting and maintaining model fidelity for KIN-TECH™.

The Delaware program currently covers full-time kinship positions as follows: one Supervisor, one Intake Coordinator/Support Group Assistant, two Caseworker Navigators, one Peer Navigator, and one part-time Executive Secretary. Also, the statewide Director, with overall responsibility for programs her agency provides in Delaware, continues to allocate much of her time to the kinship navigator program. All positions

are full-time except for the Executive Secretary, which is a 20% position. During the coming year we hope to add at least part-time positions as follows: one Peer Navigator; one professional Caseworker Navigator; and/or one professional Family Finding Specialist. The Kinship Navigator Program is funded using the Title IV-B Part II Kinship Navigator grant of \$200,000 and State General funds to supplement the overall need for the program. In addition, Children's Choice was awarded a \$50,000 grant from a private foundation in Wilmington, Delaware in April 2022. The grant is allocated directly to Children's Choice for direct service/tangible items to kinship.

The program has steadily increased the numbers of caregivers served and has continued to provide formal Kinship services statewide to kinship caregivers of children active with DFS, whether or not the child is in DFS custody. Services include Psycho-social/Historical Assessment, Case Management, Family Support Plan, Navigation, including Inter-Disciplinary Team Advocacy, Community Outreach and Public Education, including Delaware Kinship Community Collaborative, Educational Workshops, Support Groups, Assistance With Referrals to other Services beyond the Kinship program such as Substance Abuse Workshops and Linkage to Service, Legal Services, Family Team Conferencing, Tutoring, Mentoring, Health and Wellness, Developmental Screening, Respite and/or Coordinated Child Care.

DFS caseworkers and/or Office of the Child Advocate CASAs and GALs are given a brief explanation of the program and complete a one-page referral form for the formal Kinship Navigator services for caregivers of children on their caseloads. Children's Choice has the kinship navigator program listed on its brochure and its website. The program has been so well received and needed that families not involved with DFS reach out and referrals are sometimes made by community members, Family Court judges, and caregivers themselves. If the family is not involved with DFS and in an effort to not turn anyone away from support, Children's Choice will offer informal services that include Information & Referral services and invitations to either of the two existing support groups, depending upon where they reside. Children's Choice also includes the informal families in the distribution of donated gifts at Christmas time. Community partners are aware of the program via attendance at the Delaware Kinship Community Collaborative, established near the end of 2021. Children's Choice and DFS also participate in the DHSS-DSS-Community Partner Support Unit bi-weekly resource calls that have over 400 names on the invitation list.

Upon referral for formal services, Children's Choice follows up with the caregivers via an initial contact by the Intake Coordinator before they are assigned to a navigator based on their level of needs. Caregivers with one to three needs are assigned to a Peer Navigator and those with over three needs are assigned to a degreed Case Worker Navigator. The Intake Coordinator, Peer Navigator, and Case Worker Navigators explain the program in more detail. If the program is at capacity and the caregiver is put on a waitlist, the Intake Coordinator will make weekly contact for an update on their circumstances.

Children's Choice and DFS continue to build capacity to serve kinship caregivers of DFS children. A goal is to grow program capacity to a point at which kinship caregivers of all children active with DFS can access services upon referral by their DFS Caseworkers. The division continues to support kinship caregivers as regular case management procedures and refers caregivers that need added supports because the Kinship Navigator Program does not currently have capacity to serve all kinship caregivers that are currently caring for children in DFS custody.

A long-term goal is to include increased prevention efforts to kinship caregivers of non-DFS children. Through various channels we network with community private and agencies, such as DHSS-DSAAPD, DHSS-DSS, and DOE to build community ownership and capacity to serve the caregivers of children outside of the child welfare system; the most current number of Informal kinship caregivers in Delaware is approximately 25,000. About 20,000 of those are grandparents; the other 5,000 are aunts, uncles, older siblings, and non-relative fictive kin, such as god-parents, school personnel, church contacts, family friends, etc. The number of the children they are raising is an unknown.

1. Prior to implementation of KIN-TECH™, rather than reverting unspent Title IV-B, Pt II Kinship Navigator Program grant funds, we provided services as follows:

10-1-20 through 9-30-21: Home Assessment, Needs Assessment, Financial Assistance, Tangible Items 165 kinship caregivers, 447 children (all children in the home)

8-1-21 through 9-30-21: Financial Stipends, Summer & Back-to-School Supplies (All children in the home) 112 Kinship Caregivers ; 316 Children

Summer Bundle: Hand Sanitizer, Snacks, Water, Juice Boxes

Back-to-School Bundle: Hand Sanitizer, Snacks, Water, Juice Boxes

Book-bags, Lenovo Tablets, and Numerous School Supplies - All students in the home from Kindergarten – Grade 12

Graphing Calculators - All High School students in the home Grades 9 – 12

2. Effective with implementation of KIN-TECH™ on 8-4-21 and through 7-31-22, coinciding with the end of our first full year of KIN-TECH™, we offered full kinship navigation services as follows:

08-04-21 through 07-31-22: Full KIN-TECH™ kinship navigator services
122 kinship caregivers, 316 children

3. Effective with the start of the second year utilizing the KIN-TECH™ model from 8-1-22 through 3-31-23, 20 months of using KIN-TECH™, we offered full kinship navigation services as follows:

08-01-22 through 03-31-23: Full KIN-TECH™ kinship navigator services
150 kinship caregivers, 370 children

February waitlisted at end of month: 12 caregivers, 30 children

Level: 3 peer navigator, 9 caseworker navigator

Non-DFS Families: Information & Referral and Support Group Offers Only: 2

March waitlisted at end of month: 16 caregivers

Level: 6 peer navigator, 10 caseworker navigator

Non-DFS Families: Information & Referral and Support Group Offers Only: 2

Christmas 2022 donated gifts: 44 kinship caregivers, 122 children

Grand Total Served: 10-1-20 through 3-31-23:

558 KINSHIP CAREGIVERS

1,432 CHILDREN (includes all children in the caregiver's home)

DFS intends to continue to support the Kinship Navigator program and to support Larry Cooper of Children's Home Network with a letter of support for a re-review of the evidence-based KIN-TECH™ model with the Title IV-E Prevention Service Clearinghouse in the hope of it receiving a promising, supported, or well-supported rating and allowing Delaware to claim IV-E reimbursement at 50% for kinship services.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs. Contracted providers have monthly, if not more frequent, contact standards. Delaware policy on foster child visits is cited in Placement Chapter, Section G of the DFS User Manual that states children in out of home placements must be visited monthly. This is also established in placement

agency contract language. For FFY2022, Delaware scored a 92.02% on the monthly caseworker visit report with 77.51% of visits taking place in the placement setting.

DFS will submit monthly caseworker visit data for FFY2022 per Section 424(f) of the Social Security Act by December 15, 2023.

Additional Services Information

Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

With federal approval, DFS applied adoption incentive funds to a program called Parent Enrichment. The program reimburses adoptive caregivers to purchases made to normalize childhood experiences and enhance child well-being. This program has been well received and will continue in FY24. Funds may also reimburse adoptive parents for training conference expenses. Additionally, funds were used to partner with a local videographer to develop videos of youth we are currently recruiting families. To date, twenty one (21) videos have been completed and there will be more to come in FY24. The videos are shared on the state of Delaware, DSCYF Heart Gallery: <https://kids.delaware.gov/family-services/heartgallery/>

There have been no changes, issues or challenges. All funds are expected to be spent by grant end dates and documented by annual submissions of SF-425 forms

Adoption Savings (section 473(a)(8) of the Act)

The Adoption Savings was used to execute a contract for an adoption and permanency navigator on October 28, 2019. Formal work by the navigator began on November 1, 2019. The navigator provides a variety of supports and assistance to families who are transitioning children out of foster care through adoption or permanent guardianship. Assistance includes but is not limited to requesting new birth certificates, new social security cards, Medicaid support, clarifying payment issues, answering questions about the psychological subsidy as well as the routine assessments and determinations of subsidy and assistance amounts. The navigator also supports families facing permanency disruption by connection to available resources and providing direct assistance. This contract expires on September 30, 2023, and has the option to renew.

Additionally, in January 2021, the Adoption Savings were used to expand the state of Delaware's post adoption and post permanent guardianship service array. Currently there are contracts in place with A Better Chance for Our Children (ABCFOC), Children and Families First (CFF) and Children's Choice to provide post- permanency services for children who reside in Delaware and have been adopted. These contracts have expanded to include families who have guardianship and will expire on September 30, 2023 and have the option to renew.

The three agencies have 24-hour hotlines for families in crisis. The activities include information and referral, crisis assistance, parent coaching, supporting birth family connections, sibling support, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children and youth, Love and Logic parenting, parent retreats, Rec N Respite, Respite and parent/ child bonding workshops. Some of these support groups and activities are in conjunction with referrals from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post permanency training and support services. Referrals for post-permanency services have continued to remain steady.

The Interagency Committee on Adoption collaborated with Springfield College to develop an adoption certification program for master's level therapists and professionals with degrees in counseling, social work or related fields. The Adoption Savings will also be utilized to reimburse and support therapists and professionals who are working with families in Delaware who have adopted or have guardianship. This program began in September 2022 and will finish in June 2023. Planning has begun for a second cohort to start in September 2023. The Interagency Committee on Adoption will maintain a public list of therapists

who have completed this program to work with all families who have adopted or have guardianship of children, youth and families in the state of Delaware.

There is no estimated timetable for spending unused savings calculated for previous years. There have been no challenges spending the funds. The Division of Family Services will continue to utilize the Adoption Savings through the Adoption Navigator contract, post adoption and guardianship support services and the adoption certification programming.

Family First Prevention Services Act Transition Grants

Delaware has not yet spent any Family First Prevention Services Act Transition Grant Funds. Delaware has submitted an initial draft of the Delaware FFPSA plan. It was recently returned for some clarification and edits. Once finalized, Delaware plans to use transition funds to support changes to the FOCUS CCWIS case management system to support candidacy designation and prevention case planning functionality. Funds will also be utilized to train staff in the use of *Motivational Interviewing* to enhance their communication skills to effectively engage youth and families in conversations about change.

Family First Transition Act Funding Certainty Grants (applicable states only)

Not applicable for Delaware.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act)

Delaware's Independent Living program involves the public and private sectors in helping youth in foster care achieve independence by collaborating with agencies to provide services to youth to build their self-sufficiency and resilience. Independent Living planning begins for youth in foster care starting at the age of 14 by the DFS or placement caseworker including skill development in the child plan. The IL Program contracts with six providers throughout the state to support youth transitioning out of foster care to become self-sufficient young adults. Youth eligible for a referral to one of the contracted providers includes youth in a foster care placement setting 16 and older, youth who have aged out of foster care and have not reached age 23 and youth who were adopted or placed under guardianship at 16 years of age. The IL provider creates a plan with the youth to outline goals in areas including personal and interpersonal skill development, critical skill decision making, job skills including job preparation, job seeking supports and job maintenance supports, money management, credit management, housing, transportation, health services, personal hygiene, family planning, connections to community resources, nutrition education, support with understanding legal rights, prevention of drug and alcohol abuse and building healthy relationships. The contracted providers include Progressive Life Center Inc., West End Neighborhood House Inc., Elizabeth W. Murphey School Inc., Children's Choice Inc., People's Place II Inc., and Together We Care, Inc. Performance expectations outlined in each of the contracts reads that the provider will assist the youth with achieving their education, employment, and housing goals as well as educating them on how to access community resources, understanding how to successfully network with support services in their community to maintain independence and to not be abused or neglected by the IL provider.

The program also supports the HOPE (Helping Our Peers Evolve) youth advisory council, and its related activities. HOPE is the mechanism for teens in foster care and young adults who've recently aged out of foster care to share their perspectives of the child welfare system. Through HOPE activities and meetings, youth voice what is working well and not working well in the foster care system. In addition to this, the Department gains feedback from youth during monitors of contracted providers. The Department conducts surveys of youth to gain their feedback on their experiences. As an ongoing practice, the Independent Living Program Manager requires the contracted IL providers support youth with completing exit surveys as they close out of IL services. In addition, feedback is gained directly from youth about their outcomes through NYTD outcome surveys. This information, along with IL related services captured through NYTD reporting mechanisms, are shared with the contracted IL providers. The providers use the information to adjust service delivery to youth to fill gaps and work with the youth advisory council to make

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recommendations for improvement based on outcomes of the NYTD results. NYTD data is shared with stakeholders to inform and direct program adjustments to meet the youth needs. The information shared highlights NYTD outcome service arrays where the agencies are doing well and where the agencies could be doing better regarding providing services to youth.

Major changes to the IL program include HB 123 and HB 271. HB 123 supports youth by providing a tuition waiver program to cover the cost of tuition, fees and room and board at public Delaware colleges and University. This was signed into law on 10/21/21 so 2022 is the first year that youth have been able to fully engage in this support. HB 271 expands the age of independent living supports from age 21 to age 23 and was signed into law on 5/3/22. DFS has expanded contracted services to support this additional population.

Delaware's Independent Living program also oversees a program called Achieving Self-Sufficiency and Independence through Supported Transition (ASSIST), which is a stipend program to support youth evaluating their needs, budgeting their finances and applying for a stipend to cover living expenses. The program is being reviewed for effectiveness and finding ways to help youth slowly back away from state support by learning the skills needed to be financially self-sufficient.

Delaware collaborates with Public Housing Authorities (PHAs) to develop a partnership to allocate the Foster Youth to Independence (FYI) vouchers. Currently, DSCYF has a MOU with Wilmington Housing Authority (WHA) to allocate the FYI voucher.

DFS participates on the Youth in Transition Committee that is lead by The Child Protection Accountability Commission (CPAC), with staffed by the Office of the Child Advocate (OCA). OCA administers two programs for young adults who have experienced foster care in Delaware: The Post-Secondary Scholarship Program and the Driver's License and Insurance Program.

The Post-Secondary Scholarship Program provides educational scholarship opportunities to young adults who have experienced foster care. The Program also coordinates with the Department of Services for Children, Youth and Their Families (DSCYF) to ensure these same young adults have access to the Delaware Fostering Independence Through Education Tuition Waiver Program. The Tuition Waiver Program waives the cost of tuition and all mandatory fees at public Delaware in-state schools (University of Delaware, Delaware State University, and Delaware Technical Community College) for eligible young adults.

The Driver's License and Insurance Program provides youth and young adults who have experienced foster care access to a driver's license and motor vehicle insurance by overcoming legal barriers and providing funding for driver education, costs incidental to licensure, and motor vehicle insurance.

DFS is incorporating the principles of Positive Youth Development by holding the annual Destined for Greatness event. The Destined for Greatness event is held every spring to honor youth that have graduated high school, college, or a vocational program. The event also recognizes youth that have made an accomplishment over the past year. To do this, caseworkers are asked to nominate youth for something positive they have achieved and to indicate a monetary wish the youth would like granted. In partnership with the organization One Simple Wish, DFS can grant youths' wishes by giving them monetary or physical items at the Destined for Greatness event. The event is a fun-filled celebration that is centered on positive reinforcement for achievements and accomplishments that youth have made.

Delaware explores opportunities to support LGBTQI+ youth by partnering with the local chapter of PFLAG. PFLAG conducted a training (Creating Affirming Communities) for the DFS Foster Care team and Provider Agencies in February 2022 that was informative. PFLAG worked with DFS to modify the training to be provided to other audiences. This workshop was then offered to foster parents.

PFLAG and PTK (Parents of Trans Kids) partners with HOPE in order to connect and support our youth. West End, an independent living provider, has partnered with PFLAG and has committed some of their housing to youth who identify as LGBTQI+.

FOCUS was updated to allow space for reflecting a youth's affirming pronouns and name changes. The department also provides sensitivity training that addresses affirming behavior for staff to the general population that identify as LGBTQI+.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

The Division X funding allowed Delaware to re-engage with young adults who turned 21 by offering them a chance to receive services. To do this the Independent Living program created a shared mailbox for constituents to email regarding questions about Division X and to accept requests to re-engage. If a young adult reached out, their case was reopened and they were assigned an independent living provider. In addition to the expanded ages for case management and housing services, DFS also developed the Pandemic Relief Youth Voucher (PRYV) to use funds for housing-related costs to support young adult stability. Funds were also used to provide funding for transportation related expenses. The additional funds allowed for flexible spending to support young adults with various needs such as rent, groceries, meal delivery, utilities, cell phones/plans, laptops, internet service, respite care services for parenting young adults, supports for pregnant young adults, outstanding health insurance costs, and paid post-secondary education institutions for remaining outstanding tuition balances for young adults. DFS created a guide for staff on how to implement Division X and a checklist document to use for young adults requesting transportation funds. Flyers and other graphics were created and distributed on the Department website, through social media outlets and on HOPE's Instagram regarding Division X.

The expansion of service ages was very successful and demonstrated a need for young adults that experienced foster care. As a result, Delaware made the commitment to expand the IL program services to age 23 permanently. In December of 2021, Governor Carney signed the certification for expanding services to the age of 23 and House Bill 271 was signed in May 2022.

Accomplishments of the funds for young people include 66 youth inquired and re-engaged in services. DFS was able to allocate \$4,000 per youth for transportation after the youth completed the required transportation request form. Maximum Pandemic Relief Youth Voucher (PRYV) amounts started at \$200 per youth, then expanded once there was a recognition there was more funding than the number of youths requesting the PRYV. Delaware was able to spend out the entire Division X allotment.

To maximize the opportunities provided through Division X funding, the Independent Living program engaged with Delaware State Housing Authorities Emergency Housing Program which provided rental assistance to help clients affected by COVID-19 pandemic. The program manager also participated in collaboration meetings with the Delaware's Continuum of Care (CoC) to learn more about the Emergency Housing Program and coordinated with the Department of Human Services to distribute Division X flyers. These partnerships continue to be utilized to support youth transitioning out of foster care.

Access to Medicaid for Former Foster Youth:

The Department will collaborate with the local Medicaid office to coordinate implementation to offer Medicaid to eligible youth. Information about the SUPPORT Act will be distributed to youth at HOPE meetings and the Department will use social media outlets, such as Instagram and the Departments website to promote the changes.

The Division in partnership with the Independent Living Contractor agencies work with youth to ensure they have all entitled access to health insurance and health care. The passing of HB 271 expanding the serving population helps to keep the assigned providers connected to youth longer to monitor any needs and they work with the youth at the time of transition out of foster care to apply for Medicaid and establish

a health care provider. Mental health and general health is considerations for presentations, vendors and discussion with youth involved in HOPE.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

In Delaware the Education and Training Vouchers are managed and administered by the Child Protection Accountability Commission (CPAC), with staffing from the Office of the Child Advocate (OCA). The Post-Secondary Scholarship Program provides educational scholarship opportunities to young adults who have experienced foster care. In addition to the ETV funds, they also administer the state Ivyane D.F. Davis Memorial Scholarship Fund. Youth are eligible for up to \$5,000 a year to cover the costs associated with post-secondary education or training programs. Since April 2022, CPAC awarded a total of \$168,375.89 in funding to 50 youth. \$67,870.09 was awarded from the Scholarship Fund (Ivy Davis), \$69,185.00 from ETV and another \$31,320.80 from other funding sources. The awards ranged from \$500 to \$12,000, but the average award was \$3,337.52. Young adults attended the following post-secondary education or training programs during the period: Dawn Training Center, Delaware Food Bank, Delaware State University, Delaware Technical Community College, Goldey-Beacom College, Macalester College, Maggie Career Institute, New York Institute of Technology, Radford University, University of Delaware, Widener University and Wilmington University. The Delaware Fostering Independence Through Education Tuition Waiver Program was also implemented in the spring semester of 2022, so the awards were adjusted to consider the tuition waiver for a number of young adults attending Delaware State University, Delaware Technical Community College and the University of Delaware. The CPAC Youth in Transition Committee also provided oversight for the scholarship program during the period.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

The additional funding from Division X was provided to The Office of the Child Advocate (OCA) to include in their awards. The Independent Living Program Manger worked with OCA to allocate the supplement ETV funds and collaborated on a process for distributing the additional funding. A second round of applications for ETV occurred in October 2021 to implement a second disbursement of ETV which would take place for the Spring 2022 semester.

See Attachment: Delaware ETV Chart Attachment C.

Chafee Training

During the reporting period, the Independent Living Program continued to organize tours of the 3 transitional housing programs that are available to youth when they transition from foster care. Training about the independent living program was provided throughout the year with each of the regional offices to support staff awareness of available services. Contractors were also involved in this staff training. The program organized a training for providers with Highmark Care Coordinators to talk about care coordinators providing services to youth and young adults; with the Chief of Clinical Services from DSAMH who provided a training on how to bridge the gap between children and adults services and discussed the development of a MOU for a program that will connect youth to services if they don't meet the higher level of need for the PROMISE program; and the Youth in Transition Coordinator from OCA discussed HB 123 and ETV. The Independent Living Program Manager presented an overview of the program during the child welfare stakeholder meeting. The Independent Living Program also supported contractor staff and 2 youth to attend the national Daniels Independent Living Conference. The program continues to provide training opportunities for youth by bringing speakers or presenters to the HOPE meetings.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. The array of independent living services, including ETV is available to all foster youth including those with Indian heritage.

VI. Consultation and Coordination Between States and Tribes

There continues to be no federally recognized tribes in Delaware, however there are 2 state recognized tribes- Nanticoke Indian Association and Lenape Indian Tribe. Chief Natosha Carmine of the Nanticoke Indian Association has participated in our annual stakeholder meetings in previous years. She has been favorable in working collaboratively together although we have not had occurrence to share work with any particular youth or family. Chief Carmine agrees to assist the agency with foster home recruitment and placement should an Indian child enter state custody. Chief Carmine has acknowledged receipt of the Child and Family Services Plan. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. The Lenape Indian Tribe lead by Principal Chief Dennis J Coker, was recognized in Delaware in 2016 and the agency has not had a family or child connected to the Lenape Indian Tribe and will need to work to engage that tribe in child welfare discussions including inviting him to stakeholder meetings. FOCUS was built with the capability to capture ICWA information to better identify and engage tribes. With the development of the updated AFCARS report, the data collection in the system was updated and enhanced staff training has occurred on data collection regarding Indian tribes. Current basic ICWA training is mandatory for new caseworkers and is available on the Delaware Learning Center. Delaware has a low population of identified Indian children, but for any that enter the system, they are afforded all available services via the State agency. The Family Court has standardized the practice of asking about Indian heritage in court proceedings. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23). Chief Carmine continues as a child welfare stakeholder and will be invited to attend all stakeholder meetings to provide input on APSR progress as well as engage with the CFSR round 4. Delaware also plans to work toward improved engagement with the Lenape Indian Tribe. The agency has no agreement with a tribe to perform Titles IV-B or IV-E activities.

VII. CAPTA- State Plan Requirements and Updates

The following statements address reporting requirements for CAPTA:

- There are no significant changes to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant.
- There are no significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.

Plans of Safe Care for Substance-Exposed Infants:

- CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program submitted June 30, 2022. Funds are applied to staff salaries who perform intake, assessment, screening, and investigation of reports of child abuse or neglect functions. CAPTA funding was applied to two 0.50 FTE Family Service Specialist Investigators, as well as a state-level Family Services Program Support Administrator, who works with the Intake and Investigation Program Manager to monitor Plans of Safe Care. In addition, CAPTA funds one Senior Family Service Specialist, who investigates substance exposed infant cases and develops Plans of Safe Care to address the health and substance use treatment needs of the infant and family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure. DFS also contracts with Holcomb Behavioral Health to implement Plans of Safe Care.

CAPTA funds are applied to a contract with Nemours Children's Hospital (previously A.I. DuPont Hospital for Children) for expedited medical examinations to determine child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. For comparison, in CY2019, a total of 628 children were evaluated in the Nemours

emergency department. This was an increase from CY2018 and was followed in CY2020 by one of the largest yearly increases in patient volume, with a total of 749 children evaluated. In CY2021, the total patient volume dropped to 647 children, which was a decrease from CY2020 but higher than CY2019. However, CY2022 saw another increase, which surpassed CY2020, with 821 children evaluated in the Emergency Department. The population of child maltreatment victims increased substantially with many disclosing safety concerns through the self-administered behavioral health screening tool, as well as with an increase in ingestions in young children. The complex care needs of child torture victimization were also a unique subset of patients treated this past year. The self-administered screening tools includes questions related to trafficking risk factors, and in 2022 Nemours saw many teens who self-disclosed such factors. (See Attachment: DFS AIDHC Data 2022)

Another consideration when interpreting patient volume is the Nemours CARE Program. CY2020 marked the first year that Nemours offered outpatient child abuse services Monday through Friday through their CARE Clinic. The clinic was established not only to follow up with children after their emergency department or inpatient visits, but also to assist children in avoiding the emergency department setting altogether. The Nemours CARE Program was fully operational for its first full calendar year in CY2021 with a physician and APRN seeing patients full time. In years past, patient volume in the outpatient setting was limited by provider schedules and availability of space, which reduced the number of appointments available. Compilation of outpatient CARE Clinic data continues to determine if Nemours was able to reduce emergency department visit volume and move those children more appropriately to the ambulatory care setting – to coordinate with their forensic interviews, for example, as this was the intended goal of the Clinic, particularly for non-acute sexual abuse victims, as well as sibling/household contact examinations that could safely be supported in the outpatient setting. From April 1, 2022 through March 31, 2023, CARE Clinic saw a total of 299 patients, with 281 being new patients and 18 returning patients. Another area of exploration for patient data is the partnership between the DE Division of Forensic Science and the Nemours Radiology Department for the completion of post-mortem imaging. This has been a growing program that also supports the multi-disciplinary response to child abuse and neglect in the State of Delaware. And finally, the Nemours foster care program has concluded its second year under the CARE Team patient care umbrella.

- Child Protection Accountability Commission (CPAC) serves as Delaware’s Citizen Review Panel. CPAC’s SFY2022 report is located online at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx
- In its 2020-2021 Joint Action Plan, CPAC and the Child Death Review Commission (CDRC) established 13 prioritized recommendations for system improvement, along with two additional recommendations and six ongoing recommendations from the prior annual meeting. The 2020-2021 Action Plan was approved by CPAC on February 17, 2021, and by CDRC on March 12, 2021. CPAC was tasked with addressing six of the 13 prioritized recommendations. One of the other two recommendations was prevention-focused and assigned to CDRC, while the other focused on the multidisciplinary response to child sexual abuse cases and was assigned to CPAC. CPAC tasked its Grants Oversight Committee with monitoring the recommendations and providing updates to CPAC and CDRC at least annually. The Committee received updates at each quarterly meeting, and an update was provided to CPAC at its February 16, 2022 quarterly meeting. The full action plan is available on the OCA website at the following link: <https://courts.delaware.gov/Forms/Download.aspx?id=126368>
- Delaware continues efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Legislation (HB 140) was introduced in April 2017 to codify

hospital reporting of substance exposed infants (SEI) and fetal alcohol syndrome disorder (FASD) children to DFS and the development of a POSC prior to discharge of the infant. The Governor signed this legislation (HB 140) June 7, 2018. The CPAC Substance-Exposed Infants Subcommittee developed and approved a POSC template and POSC family assessment template in September 2017 to comply with the changes made to CAPTA after the passing of CARA. All six birthing hospitals in Delaware are mandatory reporters and made reports during CY2022. DFS statewide administrators attend routine hospital meetings with the birthing hospitals.

In October 2017, DFS began a Plan of Safe Care (POSC) SEI pilot program with the introduction of one designated SEI caseworker in Kent County and one designated SEI caseworker in Sussex County. In CY2019, the internal capacity expanded to 11 DFS caseworkers, located throughout all three counties in the state. Caseworkers in Kent County are co-located at Bayhealth Kent General Hospital, and caseworkers in Sussex County are co-located at Beebe Healthcare. There is interest in initiating a collaboration with Christiana Care Health Services and St. Francis Hospital in New Castle County, as well. The SEI workers are responsible for responding to all screened in cases regarding a substance exposed infant, and they become the POSC coordinator. The POSC coordinator is responsible for the development, implementation, coordination, and monitoring of the POSC to include referrals and service delivery. In April 2018, the Intake and Investigation Program Manager and the Investigation Coordinator conducted a training and coaching session for the designated SEI caseworkers, which has since expanded to a statewide training. In CY2020, the Intake and Investigation Program Manager convened a workgroup to construct a POSC refresher training for all DFS staff, which the Program Support Administrator has delivered through multiple sessions in early CY2021. Plans are now underway with the workgroup to develop a similar training for MAT providers. MAT providers who receive the training will be eligible to implement and monitor POSCs in certain limited situations, as detailed in policy. In CY2022, MAT providers reported that 41 POSCs were completed.

The Intake and Investigation Program Manager developed a POSC coordinator pathway, as well as policy and procedure on the development, coordination, and monitoring of the POSC. The IC developed an implementation guide to address implementation across several systems (i.e. birthing hospital, DFS, substance use disorder treatment center). In CY2020, the DFS Director and the IC collaborated to create a shortened version of the POSC, easier to use and understand, and more tailored to the needs of clients. A POSC event was built into FOCUS, the Division's SACWIS system, and was launched for use by staff in CY2021. A proposal for a Medical Plan of Safe Care was submitted by Christiana Care Hospital in CY2019, to be used by medical professionals in instances when a birthing mother has tested positive for a legitimately prescribed substance, and the medical provider is willing to implement and monitor the POSC. This proposal was reviewed and approved by the IC's office and DFS in CY2020 and is currently available for use by medical providers. Aggregate data is provided from each of the birthing hospitals on a quarterly basis to DFS to be tracked by the Program Support Administrator.

In March 2018, an agency was awarded a contract for a POSC coordinator program to address the needs of infants born and identified as affected by marijuana, and the program began in July 2018. In CY2022, the program received 158 referrals from the DFS hotline. After accounting for misassignments and links to active cases, the contracted program initiated 155 cases. In early CY2023, a decision was made in the Department no longer to screen in reports of marijuana-only births, absent other risk factors or maltreatment allegations. Therefore, the work of the contract agency has pivoted to include other categories of substance exposed infants.

The IC maintains a SEI Database that collects several elements of data through the use of data sharing and access to FOCUS. The IC distributes a year-in-review on Delaware's substance exposed infants and has tracked this data since 2015. In June 2018, the IC began to produce

quarterly monitoring data. In CY2022, 670 cases of infants prenatally exposed to substance were reported to the DFS hotline.

The CPAC Substance-Exposed Infants Subcommittee was developed as an extension of the group that was primarily comprised of hospital staff that previously existed to discuss the needs of substance exposed infants. The CPAC SEI Sub-committee expanded that work and was co-chaired by Jennifer Donahue, the Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Children's Hospital (previously Alfred I. duPont Hospital for Children), and was comprised of members of the medical community, DFS, OCA, DOE, DSAMH and their contracted providers, CDRC, Children & Families First, DOJ, DHSS, and the March of Dimes. The DFS Director and DFS Intake and Investigation Program Manager were members of this CPAC sub-committee. After the CPAC/CDRC approved its 2016-2017 Action Plan, the committee was charged with improving outcomes for substance-exposed infants and their families by addressing the following recommendations, as developed at the Joint CPAC/CDRC Retreat: 1) establish a definition of substance-exposed and substance-addicted infants; 2) draft a statute to mirror the definitions as needed and consider adding language to the neglect statute; 3) recommend universal drug screenings for infants in all birthing facilities in the state; 4) review and revise the DFS Hospital High Risk Medical Discharge Protocol to include substance-exposed infants; 5) refer SEI's to evidence-based home visiting nursing programs prior to discharge; and, 6) review and incorporate the Neonatal Abstinence Syndrome (NAS) Guidelines for Management developed by DHMIC's

Standards of Care Committee. The committee completed all six of its charges and held its last meeting on January 29, 2021.

On July 12, 2016, the former DFS Director, with the technical assistance of the Casey Family Programs, invited the DHSS Divisions of Public Health and Substance Abuse and Mental Health to begin meetings to plan how to serve families with substance abuse better through a multi-agency approach. The Committee named itself the Multisystem Healthy Action Committee (MSHAC). DFS administrators, supervisors, and caseworkers continue to attend MSHAC. Meetings are held on a quarterly basis in each county. The Intake and Investigation Family Services Program Support Administrator attends and/or chairs these meetings.

In September 2019, the DFS SDM® Policy and Procedures Manual was updated and republished to account for the changes required due to HB 140. Specifically, "Infant with Prenatal Substance Exposure," "Human Trafficking," and "Death of Child" were added as stand-alone maltreatment types, accompanied by updated definitions. Changes went live in FOCUS on January 6, 2020, which now makes tracking of these cases much more reliable and accurate.

American Rescue Plan Act Funding:

- Delaware received supplemental funding through the American Rescue Plan Act (ARPA), and the Division has designated this money to fund additional contracted FAIR and POSC positions. As one pathway in Delaware's differential response system, the FAIR program is a prevention-oriented, family engagement-minded approach to low-risk reports of abuse and neglect. In addition, Delaware is in the process of developing a Pathway 1 prevention service, and we anticipate utilizing some of the ARPA funds to support this effort.

The State Liaison Officer and contact information:

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Delaware's Annual Progress and Services Report contains CAPTA provisions and are accessible at this web address: http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml
Annual Reports are posted upon ACF approval.

VIII. Updates to Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Delaware's Foster and Adoptive Parent Marketing, Recruitment and Retention Plan targets three major areas of support and improvement of the foster care system: increase the number of new homes, retain good quality foster families, and develop or recruit for youth with complex needs. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware continuously evaluates the needs of children and adjusts the recruitment, support, and development strategies. Statistics, performance, and progress reports are documented in the Plan.

During the report period there has been progress in implementing the state's Foster and Adoptive Parent Diligent Recruitment Plan. Delaware lost many foster homes over the last 3 years; however, we are beginning to onboard more foster homes than we are losing each quarter. Significant strides continue to be made in addressing previously identified areas of need.

Below are some highlights regarding our recruitment efforts over the past year:

- Increase community outreach and awareness of the need for foster parents through an increased recruitment budget and awarding of a new contract with a recruitment agency, Integrating Business and Community, to leverage marketing strategies including the use of social media platforms.
- Provide smaller, informal Q&A sessions or info sessions for prospective foster parents (new recruiter to begin by June 2023).
- Conduct Orientation sessions virtually to increase attendance and prevent travel across counties from being a barrier to attendance.
- Create a shortened URL to use for advertisement purposes so our website is more easily found and noticed (to be implemented summer 2023).
- Streamline the inquiry, application, and home study phase through the build of an online portal for prospective foster parents to utilize that walks them through each step of the process. Significant work has been done this year to design this and we are in the build phase currently with the anticipated launch date of December 2023.
- Create new marketing materials including infographics that outline the process to become a foster parent and print those materials in Spanish, Haitian and Creole to target our diverse populations.
- Address gaps in data gathering and reporting that previously posed barriers to our ability to adequately gather data about our matching of youth to homes based on race, ethnicity, location, and home structure. We have built several reports that allow us to gather this information now.
- Conduct a small survey of foster parents to gather feedback about training, services and supports needed to retain good quality homes. Areas of improvement have identified based on this survey to work will be done in the upcoming year to implement changes.
- Establish a workgroup to revise the Foster Parent Handbook, which will be ready for distribution by June 2023.
- Continued to hold drive through Holiday events for foster families throughout the pandemic in each county and small drive by parades for foster parent recognition in May 2022.
- Planned our first in-person recognition and appreciation event for foster parents in 3 years which will be held Fall 2023. In May 2023, foster parents were sent a gift that included an Annual State Park Pass and certificate of appreciation for Foster Care Month. DFS also

promoted Foster Care month through a social media campaign and formal recognition of Foster Care Month through the passing of House Concurrent Resolution 53 by Delaware's General Assembly. HCR 53 recognizes that foster parents provide a valuable and important support system to some of Delaware's most vulnerable children and their families; and how youth experiencing foster care are resilient and worthy of a life full of hopes and dreams. Several foster parents, members of the foster care team and the Director of DFS attended the event at Legislative Hall.

No changes have been made to the plan other than updated data and progress notes which are all including in the attached 2023 plan. (See Attachment: *Foster and Adoptive Parent Recruitment Plan 2023*)

Health Care Oversight and Coordination Plan

Delaware's Health Care Oversight and Coordination Plan documents the required elements for meeting the medical needs of foster children. The Division of Family Services works closely with the contracted MCO providers, Highmark Health Options and AmeriHealth, regarding care coordination services for all children in foster care and collaboration for children not experiencing foster care.

For CY 2022, 590 foster children received health services through either Highmark Health or AmeriHealth MCO. There was a total of 365 Highmark Health members and 225 AmeriHealth members.

The MCO providers receive a monthly report of all children who entered foster care. The children are assigned a Care Coordinator. The Care Coordinator collaborates with the DFS caseworker and the resource family. Training about care coordination services has been provided and continues to be available for staff. In 2022, Medicaid awarded a contract to a new MCO provider, Centene. The Division will partner with this provider as they begin providing services in 2023.

Highmark Health Options and AmeriHealth conducted a Lunch & Learn training sessions training session. The purpose was to present relevant information to Division staff and to answer any questions regarding the program benefits, as well as Care Coordination services.

The COVID-19 pandemic changed the way healthcare services were received. In the beginning of the pandemic, there were some adjustments to new policies and protocols in place. At times, caseworkers utilized virtual platforms. Telemedicine became a widely used resource, especially for children who were not feeling well. Protocols have been relaxed in the past year. Telemedicine is no longer commonly used. In-office appointments are the norm again, although face masks are often required in many doctors' offices.

Disaster Plan

In March 2020, the Governor of the State of Delaware issued a Declaration of a State of Emergency, related to COVID-19 and its potential impact on the health and safety of Delawareans. While this declaration did not close state offices, it had a profound impact on the way DFS and other entities within the state conduct business. DFS's Emergency Preparedness Plan was utilized as a framework for ensuring that communication with staff and with foster parents followed the appropriate channels and that all foster children were accounted and cared for safely throughout the duration of the emergency. The Governor's State of Emergency was lifted on July 13, 2021, but it was reinstated on January 3, 2022. The State of Emergency due to a Public Health Threat was again lifted on March 1, 2022. The Public Health Emergency for the State of Delaware was terminated on May 11, 2023, aligning with the Federal Public Health Emergency expiring.

At the beginning of CY2020, prior to the Declaration of the State of Emergency, the Intake and Investigation Program Manager organized a small workgroup, tasked with reviewing and updating the Emergency Preparedness Plan. Minor updates and adjustments were made and were reported in the 2021 APSR. No changes have been made to the plan since that time. (See Attachment: *DFS Emergency Procedures April 2023*)

Training Plan

Delaware's 2020-2024 CFSP included a staff development and training plan supporting goals and objectives that address Title IV-B/IV-E programs. Training is continuous, includes content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training supports cross-system coordination and consultation. The Center for Professional Development (CPD) provides state of the art training and professional development for DSCYF employees and their partners who work with children, youth, and families. Specific trainings for DFS caseworkers focus on best practices and strategies promoting family engagement, professional competencies, and multi-disciplinary collaboration. The DSCYF Training Plan details how the department trains all staff and the required training for various positions. The DFS Staff Training Chart provides the course information indicated which courses are funded by the IV-E programs. (See Attachments: *DSCYF Training Plan FY2024, DFS Staff Training Chart FY2023*)

IX. Statistical and Supporting Information

1. CAPTA Annual State Data Report Items:

Information on Child Protective Service Workforce:

The following information describes hiring, training and turnover for the child welfare workforce. For the Division of Family Services, three caseworker positions are in the progressive career ladder:

- Family Service Specialist (FSS) PG 10
- Senior Family Service Specialist (SFSS) PG 11
- Master Family Service Specialist (MFSS) PG 13

The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves, the vacant position resets to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes, all applications are screened to ensure that the minimum qualifications are met. Applicants for Family Service Specialist (FSS) must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a bachelor's degree or higher in behavioral, social science or related field
- Knowledge of health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation
- Knowledge of interviewing to obtain facts, explore issues and identify courses of action
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Possession of a valid driver's license (not suspended, revoked or cancelled, or disqualified from driving)

For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists (FCT), Pay Grade 15, internally from investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to FCT. While this is a

competitive process with no guarantee of promotion, the candidate is not competing against outside agencies or the general public. Applicants for FCT must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a bachelor's degree or higher in behavioral, social science or related field.
- Three years of experience in case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs.
- Three years of experience in crisis intervention.
- Three years of experience in making recommendations as part of a client's service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits.
- Six months experience in health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention or rehabilitation.
- Three years of experience in interpreting laws, rules, regulations, standards, policies, and procedures.
- Six months experience in narrative report writing.
- Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving).

The division also has Casual Seasonal (C/S) Family Support Specialist positions that are typically hired at the lowest level, however in certain areas (Report Line) the casual seasonal positions are Senior Family Support Specialist. All casual seasonal positions are paid on an hourly wage basis.

New staff receives New Worker Training Cores and are evaluated for skill development of through 'Transfer of Learning Modules'. Each section includes instruction, activities working with a mentor, and assessment. The training also requires "shadowing" opportunities with experienced staff. New worker training is described in the training plan and training chart. (see Staff Training and Development section for thorough details related to staff training)

Here are other characteristics of DFS' child welfare workforce for CY22:

- Race statistics for the workforce are: 0.3% Pacific Islander, 2.6% Multi, .5% Pacific Islander, 38% Black, and 55% White
- 4% Hispanic
- Salaries range from \$27,750 to \$72,252 across all positions. This range for blanket starting salary, advanced salary, or union-negotiated wage that has built-in steps.
- Supervisor to worker ratio standards are 1:5.
- Educational degrees (caseworker, supervisor, administration; N=347) - A Bachelor's in a behavioral, social science or related field is required for these positions.

Personnel transactions for CY2022 for DFS positions are: 34 hires/rehires, 7 retirements and 58 terminations. The turnover rate based on these figures for DFS only was 25% (for frontline case carrying positions).

Juvenile Justice Transfers:

Although children may be served by juvenile justice and be ordered by the courts into juvenile justice facilities, DFS continues to hold custody and therefore do not transfer custody. Youth Rehabilitation Services, Delaware's juvenile justice agency, is within DSCYF. For the period April 1, 2022 to March 31, 2022, thirty youth in DFS custody were transferred into the physical custody of the Division of Youth Rehabilitative Services. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 4 and 5 began.

2. Education and Training Vouchers:

From July 1, 2021 through June 30, 2022, the total number of youth receiving ETV was 26 including 8 new recipients. For July 1, 2022 through June 30, 2023, the total number of youth receiving ETV was 33 including 3 new recipients. (See Attachment: Delaware ETV Chart Attachment C)

3. Inter-Country Adoptions:

As of April 19, 2023, there were 10 adoptions in Delaware from other countries posted on the state government website in 2020. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>). Of the 10 children, 4 were age 1 -2 years; 1 was age 3 – 4 years; 2 were age 5 – 12 years and 1 was age 13-17 years. Sixty percent of the 10 children were male and 40% were female. There were 0 children who entered state custody in FY22 as the result of a disruption or dissolution of an adoption from other countries.

4. Monthly Caseworker Visit Data:

DFS will submit monthly caseworker visit data for FFY2023 per Section 424(f) of the Social Security Act by December 15, 2023.

X. Financial Information

1. Payment Limitations

A. Title IV-B, Subpart 1

The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs. Delaware had no expenditure of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2024, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2024 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

B. Title IV-B, Subpart 2

For FFY2024, the state affirms that the following percentage breakdown will be spent:

- Family Preservation 20.3%
- Family Support 34.4%
- Reunification 23.3%
- Adoption 21.3%
- Administrative costs 0.7%

In the CFS-101, Part II, of title IV-B PSSF has allocated in administrative cost \$7,087 of which \$4,000 to be used to support two representatives in attending the annual grantee meeting in Washington, D.C.

For FFY2021, expenditures for matching Title IV-B, subpart 2 funds totaled \$335,079 state funding: this exceeds the 1992 base year amount of \$155,126. The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs. FFY2021 expenditures were at least 20% of the grant for each of the four PSSF categories.

C. Chafee Program

The Independent Living program confirms no more than 30 percent of the allotment of federal Chafee funds is expended for room and board for youth who have left foster care after the age of 18. DMSS tracks spending to ensure no more than 30 percent of Chafee funds are used for room and board.

2. **Reallotments of FY 2023 (Current Year) Funding**
(See Attachment: Delaware FY23 Reallotment)
3. **FY 2024 Budget Request—CFS-101, Parts I and II**
(See Attachment: Delaware FY24 CFS-101s)
4. **FY 2021 Title IV-B Expenditure Report—CFS-101, Part III**
(See Attachment: Delaware FY24 CFS-101s)
5. **Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report**

XI. Grant Applications

CHILD ABUSE PREVENTION AND TREATMENT ACT APPLICATION FOR FFY2024 SPENDING PLAN

Personnel	Salary	Fringe/Health	
0.5 FTE- Senior Family Service Specialist: Investigates allegations of child abuse and neglect, implements Child Safety Agreements when indicated. Makes findings of abuse, neglect, and risk of future harm.	\$23,023	\$11,703	
0.5 FTE-Family Crisis Therapist:	\$24,622	\$19,502	
1 FTE- Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.	\$46,046	\$14,702	
1 FTE- Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care	\$52,858	\$40,175	
Total Personnel Costs	\$146,549	\$86,083	\$232,632
Contractual			\$43,092
Contract with Nemours Children’s Hospital for expedited medical examination services by a physician and the services of a Nemours social worker to manage DFS cases			
Contract with community provider for Pathway 1 prevention services			\$17,363
Travel/Supply			\$5,000
Training or conferences at local, regional or national levels and supplies			
Indirect Costs			\$4,471
Audit		\$908	
State Personnel Office Charges		\$1,731	
SWCAP		\$1,832	
TOTAL			\$302,558
Supplemental allotment 2021 276,098			

**CHILD ABUSE PREVENTION AND TREATMENT ACT
APPLICATION FOR FFY2024
SPENDING PLAN DETAIL**

Proposed Activity:

- Salary, OEC, and health for a position in DFS to investigate reports of child abuse and ensure child safety:
 - 0.5 FTE –Senior Family Service Specialist: Investigates and intervenes in family crisis situations related to the safety and well-being of child(ren)
- Salary, OEC, and health for positions in DFS to work with substance exposed infant (SEI) cases:
 - 0.5 FTE – Family Crisis Therapist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
 - 1 FTE –Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
 - 1 FTE – Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care

Amount of Federal Funding: \$302,558

Characteristics of Individuals to Be Served:

- Children at risk of abuse or neglect and their families
- At risk children and their families due to prenatal substance exposure

Geographical Area Served:

- Statewide for Family Services Program Support Administrator; Sussex for investigation position; New Castle County and Kent for SEI positions

Objectives:

Investigation:

- Timely and quality investigations of child abuse and neglect allegations
- Provide oversight and monitoring of interventions to ensure child safety
- Apply child welfare best practices and evidence-based interventions

SEI Investigation:

- Timely and quality interventions with families where an infant has been prenatally exposed to substances to ensure child safety
- Develop and monitor a Plan of Safe Care to address the health and substance exposure treatment needs of the infant and family

Results Expected:

- Children are protected from repeat maltreatment
- Enhanced family capacity to meet their own needs

Measures:

- Recurrence of child maltreatment

Proposed Activity:

- DFS will contract with Nemours Children’s Hospital for expedited medical examination services by a physician and the services of a Nemours social worker to manage DFS cases.

Amount of Federal Funding: \$43,092

Characteristics of Individuals to Be Served:

- Children and families referred to the DFS hotline because of concerns about abuse or neglect or prenatal substance exposure

Geographical Area Served: Statewide

Objectives:

- Provide contracted family intervention and assessment services to at risk children and families receiving services from DFS
- Ensure timely assessment of medical needs of children reported to DFS for alleged abuse or neglect
- Implement Plans of Safe Care

Results Expected:

- Enhanced family capacity to meet their own needs
- Children are protected from repeat maltreatment

Measures:

- Recurrence of child maltreatment
- State Profile Permanency Measures

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD
WELFARE SERVICES
APPLICATION FOR FFY2024
SPENDING PLAN**

Personnel	Salary	Fringe/Health	
Office of Children's Services			
1.0 FTE – Permanency Coordinator (PG 11)	44,408	23,031	
1.0 FTE – Family Crisis Therapist (PG15)	49,218	24,567	
1.0 FTE – Senior Family Service Specialist (PG11)	41,210	22,139	
			\$204,572
Contractual			\$868,510
Office of Children's Services will contract for family			
Support services as part of its child protective	Federal \$604,454		
Service continuum	State \$264,056		
Indirect			\$6,836
Audit	Federal 1,658		
	State 829		
State Personnel Charges	1,731		
SWICAP	1,685		
Facility & Admin	944		
Federal Funds	\$828,951		
State 25% Matching Funds	\$276,317		
TOTAL STATE AND FEDERAL			\$1,096,051

TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES

APPLICATION FOR FFY2024 SPENDING PLAN DETAIL

Proposed Activity:

- Salary and fringe/health for positions in DFS to work with substance exposed infant (SEI) cases:
 - 1.0 FTE – Family Crisis Therapist (PG 15)
 - 1.0 FTE – Family Service Specialist (PG 10)
- Salary and fringe/health for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
 - 1.0 FTE – Permanency Coordinator (PG11) - works directly with the Adoption Program Manager

Amount of Federal Funding: \$205,044

Characteristics of Individuals to Be Served:

- OCS-Permanency - Children in the care and custody of the Division that cannot return to their own families and for whom permanency is needed.
- OCS- Investigation-
 - Children at risk of abuse and neglect and their families.
 - At risk children and their families due to prenatal substance exposure.

Geographical Area Served: Statewide

Objectives:

OCS- Permanency

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

OCS- Investigation:

- Timely and quality investigations of child abuse and neglect allegations.
- Provide oversight and monitoring of interventions to ensure child safety.
- Apply child welfare best practices and evidence based interventions.
- Timely and quality interventions with families where an infant has been prenatally exposed to substances to ensure child safety.
- Develop and monitor a Plan of Safe Care to address the health and substance exposure treatment needs of the infant and family.

Results Expected:

- Foster children achieve timely permanency.
- Enhance family capacity to meet their own needs.
- Intact families are preserved and foster children are reunited with their families.

Measures:

- State Profile Permanency Measures
- Reoccurrence of child maltreatment

Proposed Activity:

OCS will contract with community-based service providers for family interventionists and family support services.

Amount of Federal Funding: \$604,454

Characteristics of Individuals to Be Served:

- At risk children and families active with the Office of Children Services.

Geographical Area Served: Statewide.

Objectives:

- Provide contracted family intervention and family support services to at risk children and families receiving services from the Office of Children's Services.

Results Expected:

- Enhance family capacity to meet their own needs.
- Intact families are preserved and foster children are reunited with their families.

Measures:

- Reoccurrence of child maltreatment.
- State Profile Permanency Measures.

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2024
SPENDING PLAN**

Personnel	Salary	Fringe/Health
OCS Staff Members	\$85,592	\$54,541
8 Staff Members dedicating at least 25% of their time toward reunification services to families with children in placement		
Total Personnel Costs		\$ 140,133
 Contractual		 \$ 888,710
<i>Division of Prevention and Behavioral Health Services</i>	Federal	\$561,194
Contracts with four (4) sites throughout the state to deliver family support and family preservation services including promoting father involvement and strengthening healthy adult co-parenting relationships, healthy parent-child relationships and building community partnerships to infuse fatherhood into service.	State Match	\$327,516
 <i>Division of Family Services Office of Children's Services</i>	Federal	\$64,867
Contracts to provide reunification support services and family support, statewide		
Contracts to provide a continuum of adoption promotion/support services, statewide		\$210,000
 Administration		 \$ 5,117
Program administration, supplies and materials to support communication, education, training for grant administration		
Supplies	\$1,117	
Travel	\$4,000	
 Total Indirect		 \$ 5,181
Audit	Federal 1,971	
	State 986	
State Personnel Charge	1,154	
SWICAP	1,070	
 Federal Funds	985,506	
State Matching Funds	328,502	
 TOTAL FEDERAL AND STATE		 1,314,008

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2024
SPENDING PLAN DETAIL**

Proposed Activity: Reunification

Salary, Fringe/health for OCS case workers to serve families statewide who have children placed in foster care due to abuse, neglect and/or dependency. These families are identified as candidates to reunify within 12 months. Families may also receive contracted services to expedite reunification through family support or parent aide services.

Amount of Federal Funding: \$140,133

Characteristics of Individuals to Be Served:

- Families with children in foster care due to abuse, neglect or dependency with a reunification permanency plan.

Geographical Area Served: Statewide

Objectives:

- Identify risk factors and needs that resulted in foster care placement.
- Provide support services as identified in case planning to reduce risk and promote reunification.

Results Expected:

- Timely reunification for foster children and their families.

Measures:

- Foster care exits to permanency within 12 months of entering care.
- Reentry into foster care within 12 months of reunification.

Family Preservation and Family Support

Proposed Activity: Family Consultation and Support Services

DPBHS to provide Family Consultation and Support Services under Family Support and Preservation components of Title IV-B subpart 2 statewide through community-based agencies that utilize a family support approach with family-centered practices. The PSSF consultation and support case management model incorporates trauma-informed practices in the service delivery. Assessment and planning tools are utilized to empower and stabilize families by addressing the risk factors and core stressors of caregiving that often lead to child maltreatment. Well-supported practices are aimed to improve parenting skills, family needs management, parent to parent, and parent to child healthy relationship skills that promote healthy, safe, nurturing, and stable environments.

The identified geographical service areas have higher rates of families prone to entering or re-entering services through the Division of Family Services. Service areas often experience high-level environmental occurrences of trauma. Additionally, service areas also have higher reported cases of children and adult receiving SNAP and TANF benefits. The program also targets non-residential and non-custodial fathers as a protective factor to reduce stressors incurred by single mothers and to increase child resiliency through positive father involvement.

Amount of Federal Funding: \$431,194

Characteristics of Individuals to be Served:

- At risk families with children 17 and younger. Families served also include parents experiencing homelessness, non-residential fathers, foster parents and young adults.
- Families must have one or more risk factor; a demonstrated the need for prevention intervention due to an on-going crisis.
- Prior or current involvement with the Division of Family Services is not a disqualifying characteristic for involvement in the program.

Geographical Area Served: Statewide

Objectives:

- Provide in home and/or community-based family consultation, prevention case management, and planning services that address family stressors (parental characteristics, child behavior, coping abilities, parenting skills, knowledge of and access to resources) to prevent maltreatment of children.
- Increase family stability using a universal and selected prevention approach.
- Engage and retain fathers in consultation and support services.
- Conduct qualitative and quantitative data assessment and reporting.
- Provide pre-placement prevention services to preserve intact families while ensuring that children remain safe with their families.

Results Expected:

- Engagement: Services are accessible to the community where providers may meet with the program participants either at their home or a location conducive to the program process. Per contract year, each site shall engage at least 50 families for the family consultation and support services.
- Retention: Per contract year, each site shall retain at least 35 families for the family consultation and support services. Retention is defined as a participant who completes all the PSSF pre/post consultation and support family forms, accomplishes at least two goals and completes the program participant satisfaction surveys.
- Support Only Referrals: Per contract year, each site shall refer at least 300 individuals to appropriate services and resources. Individuals are defined as all family members documented on the Family Information Registration Form. This count includes:
 - A participant who does not complete a post-family assessment, however, completes their family goals.
 - A participant who does not complete two goals.
 - A participant who wants to receive resource referral services only.

Measures:

- Reduction of stress measured by Pre/Post Family Forms and Participant Satisfaction Survey.
- Increase of Protective Factors Identified in Pre/ Post Surveys
- Number of families, children and adults receiving services.
- Number of participants connecting to services and supports.
- Number of participants connecting to caregiver enhancement support services.

Delaware Fatherhood and Family Coalition

Proposed Activity: Family Support - Coalition Building: Fatherhood and Healthy Adult Relationship Initiative & Fatherhood Consultation and Support Services

DPBHS to support fatherhood initiatives through community-based partnerships that promote effective co-parenting, healthy father-child relationships and healthy family relationships. The initiative uses state and local coalitions as the organizational structure to empower communities using universal and selected

prevention approaches. The coalition and fatherhood coordinators provide professional, caregiver and community service engagement trainings. Parenting curriculums, communications curricula and materials are accessed by a network of fatherhood service providers statewide. The Initiative facilitates opportunities for children and noncustodial parents to spend time together, helping to strengthen relationships.

DPBHS to incorporate a consultation and support case management model which incorporates trauma-informed practices in the service delivery for custodial and non-custodial fathers. Assessment and planning tools are utilized to empower and stabilize fathers by addressing the risk factors and core stressors of caregiving that often lead to child maltreatment. Well-supported practices are aimed to improve parenting skills, family needs management, parent to parent, and parent to child healthy relationship skills that promote healthy, safe, nurturing, and stable environments.

Amount of Federal Funding: \$130,000

Characteristics of Individuals to be Served:

- At-large members, leaders from the County Leadership Coalitions (CLC), partners, and volunteers statewide who are committed to fatherhood. Recipients of the supports and services are all Delawareans.
- Fathers raised in father-absent homes who lack experience in what it means to be a committed, involved father.
- Custodial and noncustodial parents who are not engaged in the lives of their children.
- Custodial and noncustodial fathers who want to strengthen their parent-child relationship
- Custodial and noncustodial fathers who want to strengthen their co-parenting relationship

Objectives:

- Develop and pilot measurement tools assessing paternal engagement and parenting skills.
- Strengthen fatherhood infrastructure, programing, and collaborations, addressing the unique needs of fathers.
- Strengthen the infrastructure of the Delaware fatherhood initiative to bridge profit and not-profit organizations.
- Support resources assisting parents to navigate child support, Family Court for custody and visitation, Division of Social Services and schools.
- Strengthen healthy relationships services through conflict resolution and communications skills training.
- Train professionals and engage the community regarding the vital role fathers play in their children's lives.
- Promote fatherhood involvement through volunteerism.
- Recruit fathers to participate in fatherhood initiative programing and service activities.
- Provide non-traditional fatherhood parenting and co-parenting workshops and technical assistance to individuals and communities.
- Distribute research based educational articles, tips, service, community and navigational information on the DFFC website.
- Establish county specific Fatherhood Initiative Service Coordinator to coordinate the fatherhood initiative activities.
- Explore and develop service connections and/or collaborations with employment training services for both the custodial and noncustodial parent,
- Develop and pilot prevention interventions to educate youth who are not yet parents about the economic, social, and family consequences of early parenting.
- Implement prevention trainings and opportunities for participants in fatherhood programs to work with their children to break the cycle of early parenthood
- Provide in home and/or community-based family consultation, prevention case management, and planning services that address family stressors (parental characteristics, child behavior, coping

abilities, parenting skills, knowledge of and access to resources) to prevent maltreatment of children.

- Increase family stability using a universal and selected prevention approach.
- Engage and retain fathers in consultation and support services.
- Conduct qualitative and quantitative data assessment and reporting.

Results Expected:

- Engaged and retained community organizations to facilitate fatherhood community-based workshops, trainings, parent to parent and parent and child relationship-building opportunities, grassroots dialogue sessions, and strengthening service collaboration with fatherhood services statewide.
- Strengthened leadership skills for the CLC officers.
- Reduction of maltreatment by non-custodial/non-residential fathers.
- Engaged and Retained fathers in consultation program.

Measures:

- Satisfaction survey responses to fatherhood activities.
- Reduction of stress measured by Pre/Post Family Forms and Participant Satisfaction Survey.
- Increase of Protective Factors Identified in Pre/ Post Surveys
- Number of fathers connecting to services and supports.
- Number of fathers connecting to caregiver enhancement support services.

Proposed Activity: Family Reunification and Family Support Services

To serve children with goal of reunification with their families and intact families through community-based service contracts.

Amount of Federal Funding: \$64,867

Characteristics of Individuals to Be Served:

- Children seeking permanency who are in the custody and care of the state with plan of reunification.
- Intact families with child abuse and neglect risk factors.

Geographical Area Served: Statewide

Objectives:

- Identify risk factors and needs that resulted in foster care placement or protective supervision.
- Provide support services as identified in case planning to reduce risk, preserve family stability and achieve reunification.

Results Expected:

- Timely reunification of foster children with family and relatives.
- Reduction of risk factors preventing out of home placements.

Measures:

- Foster care exits to permanency within 12 months of entering care.
- Reentry into foster care within 12 months of reunification.
- Foster care entry rates for intact families.
- New substantiation within 12 months of reunification or case closure.

Proposed Activity: Adoption Promotion and Support

Serve children seeking permanent families statewide. Promote recruitment, approval and support for adoptive resources in Delaware and the nation.

Amount of Federal Funding: \$210,000

Characteristics of Individuals to Be Served:

- Children seeking permanent families and who are in the custody and care of the state.
- Adoptive resource families are recruited, approved and supported by this service.

Geographical Area Served: Statewide and national

Objectives:

- Build capacity for adoptive resources.
- Support adoptive placements in Delaware and nation to ensure permanency for children.

Results Expected:

- Timely adoption of foster children needing permanent homes.

Measures:

- Foster care exits to permanency with a plan of adoption.
- Foster care reentries of adopted children.

**TITLE IV-B SUBPART 2 - MONTHLY CASEWORKER VISIT (MCV)
APPLICATION FOR FFY2024
SPENDING PLAN**

Contractual			\$82,749
DFS applies MCV funds and state matching funds to foster care provider contracts supporting monthly visits with foster children with the majority of visits occurring in the foster home.		Federal \$ 62,108 State \$ 20,641	
Indirect			\$ 249
Audit		Federal \$ 187 State \$ 62	
Federal Funds		62,295	
State Matching Funds		20,703	
TOTAL STATE AND FEDERAL			82,998

TITLE IV-B SUBPART 2 - MONTHLY CASEWORKER VISIT (MCV)
APPLICATION FOR FFY2024
SPENDING PLAN DETAIL

Proposed Activity: Monthly Caseworker Visits

Caseworker visit funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

This proposed activity supports DFS' policy on foster child contacts which states children are to be seen monthly and a majority of the contacts be in the child's residence. The policy website is: <http://kids.delaware.gov/policies/dfs/fs-user-manual.pdf> Placement Chapter #4, Section G.

Amount of Federal Funding: \$62,108

Characteristics of Individuals to be Served:

- Foster children ages 0-17.

Geographical Area Served: Statewide

Objectives:

- Frequent visits with foster children.

Results Expected:

- Absence of maltreatment in foster care settings.
- Timely exits to reunification or other permanent homes.
- Compliance with state and federal standards for monthly caseworker contacts.

Measures:

- Monthly caseworker visits measures for monthly frequency and location.

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY2024
SPENDING PLAN**

Personnel	Salary	Fringe/Health	
1.0 FTE Program Manager (PG 18) Oversees statewide program operations	\$62,036	\$28,789	
1.0 FTE – Administrative Specialist I (PG 7) Provides administrative support to Program Manager	\$30,732	\$18,729	
Total Personnel Costs	\$92,768	\$47,517	\$ 140,285
Contractual			\$2,149,374
Six agencies provide independent living services, and room and board to youth 16 to 23 years of age. The agencies assist youth in care with participation in age and developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning		Federal \$ 349,749 State \$ 107,667 Add. State \$1,675,000	
HOPE annual expenditures		State \$ 9,000	
Annual activities to support youth and staff		State \$ 7,958	
Supplies Monthly council meetings, leadership training		Federal	\$ 500
Travel Attendance at national conferences		Federal	\$ 2,015
Program Administrative Supplies		Federal	\$ 3,365
Indirect			\$ 4,461
Audit		Federal \$1,125 State \$ 375	
SWICAP		Federal \$1,160	
SPO Charges		Federal \$1,154	
Facility & Admin		Federal \$ 647	
Federal Funds		500,000	
State Matching (20%) Funds		125,000	
Additional State Funds		1,675,000	
TOTAL STATE AND FEDERAL			\$2,300,000

CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM

APPLICATION FOR FFY2024 SPENDING PLAN DETAIL

Proposed Activity:

Federal fund 2 full time positions at the state level to oversee independent living programming, both internal and external to the agency.

- FTE Program Manager (PG 18) will oversee statewide program operations.
- FTE Administrative Specialist I (PG 7) will provide support services to the Program Manager and assist in data management.

The Division of Family Services will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care but have not reached age 23. Youth who leave care after age 16 for adoption or guardianship are eligible for Independent Living services. The Independent Living Program Manager and Administrative Specialist coordinate and oversee statewide independent living policies, programming and community-based contracts. The Independent Living team coordinates training for staff, youth, foster parents and community partners. DFS will host statewide youth conferences and leadership development workshops. Members from HOPE (Helping Our Peers Evolve) will participate in National Youth Leadership Conferences. The Independent Living Program Manager collaborates with community partners and federal programs to strengthen the services and supports available to youth.

Amount of Federal Funding: \$140,285

Characteristics of Individuals to be Served:

The program provides services to foster youth and former foster youth between the ages of 14 to 23. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

Geographical Area Served: Statewide

Objectives:

- Efficient management of quality services, policies and outcomes contributing to self-sufficiency of foster youth and young adults.

Results Expected:

- Youth obtain the services necessary to obtain independence.
- Youth make healthy lifestyle choices.
- Youth make sound financial decisions.

Measures:

- Rate of eligible youth enrolled in independent living programs.
- National Youth in Transition Database survey results for education, employment, housing and connections with caring adults.

Proposed Activity:

DFS will contract with community-based providers to provide independent living services. Contractors will ensure that youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning. The contractors will also monitor and distribute state funds designed to assist youth in their transition.

Amount of Federal Funding: \$343,956

Characteristics of Individuals to Be Served:

- The program will provide services for foster youth and former foster youth between the ages of 16 to 23. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

Geographical Area Served: Statewide

Objectives:

- Provide planning and services for money management, employment readiness, educational success and positive social interactions for foster teens ages 16 and 17.
- Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 23 years of age.
- Provide opportunities for youth to advocate for their own needs.

Results Expected:

- Successful transition from dependency to self-sufficiency.
- Youth achieve the highest level of education and training according to their personal goals and ability.
- Youth have employment choices supporting self-sufficiency and a reasonable standard of living.
- Youth have safe and appropriate housing.
- Youth have positive interactions with dedicated, caring adults.

Measures:

- National Youth in Transition Database survey responses for post-secondary education enrollment and level achieved.
- National Youth in Transition Database survey responses for employment.
- National Youth in Transition Database survey responses for housing arrangement.
- National Youth in Transition Database survey responses for connections to caring adults.

**EDUCATION AND TRAINING VOUCHERS (ETV)
APPLICATION FOR FFY2024
SPENDING PLAN**

Contractual **\$62,666**

DFS partners with the Office of the Child Advocate to administer ETV programming. OCA allocates funds to colleges, training programs, in partnership with contracted independent living agencies or eligible youth. Funds are used for college tuition and fees, supplies and equipment, books, room and board, transportation, dependent care, and other costs associated with completing a training or educational program.

Indirect Costs **\$ 189**

Audit Fees		Federal 151
		State 38

Federal Funds \$ 50,284

State Matching Funds \$ 12,571

TOTAL STATE AND FEDERAL **\$62,855**

**EDUCATION AND TRAINING VOUCHERS (ETV)
APPLICATION FOR FFY2024
SPENDING PLAN DETAIL**

Proposed Activity:

- Provide youth who are enrolled in a postsecondary education or training program with needed funds to assist with completion of the educational or training program.

Amount of Federal Funding: \$62,666

Characteristics of Individuals to Be Served:

- Young adults exiting foster care at age 18 and attending post-secondary education and vocational programs. Young adults adopted after age 16 and attending post-secondary education and vocational programs.

Geographical Area Served: Statewide

Objectives:

- Provide a user friendly ETV application process for eligible students.
- Provide financial aid to eligible post-secondary students.

Results Expected:

- Successful completion of post-secondary education and vocation programs.
- Youth making responsible, healthy lifestyle choices.

Measures:

- National Youth in Transition Database survey responses for post-secondary education enrollment and level achieved.